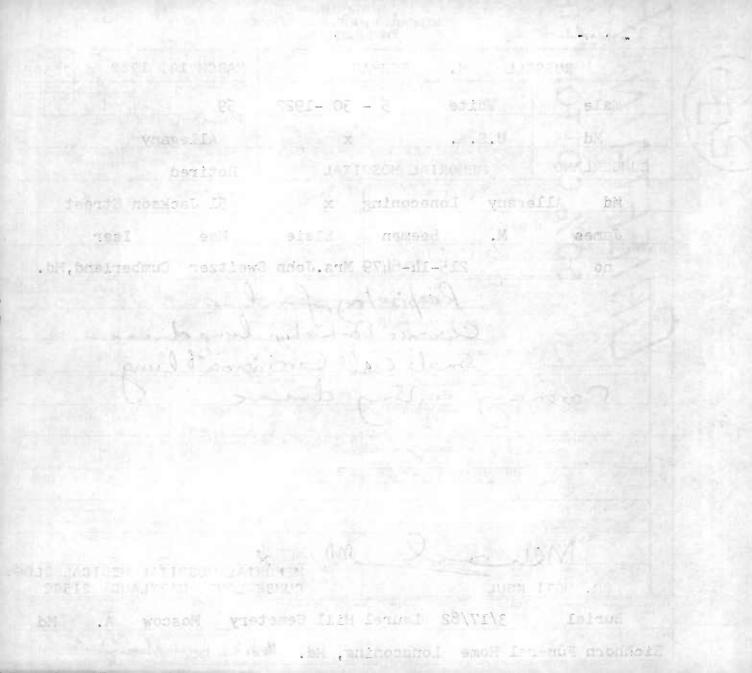
	FOR			DEPART	MENT OF		AARYLAN		YGIEN	p) 9)	11	ora freta	3	9
ין	- STATE REGISTRAR			MEDICAL						3120 MIN 4	REG.	NO.			
	DECEASED NA		3.00	MIDDLE		~ ~ ~ ~ ~	LAST			20 DATE OF	ESTI-	7	24	1982	26 HOHR
3.	SEX	CLARIS	MU Is. DATE OF B	RRAY	6. AGE (IN YE	LLEN ARS IF UN	NDER 1 YR.	IF UNDER	24 HRS.	DEATH 2c. DATE	MATED	MON		19 YEAR	11: O
	MALE	WHITE	8 3	1926	LAST BIRTHE	RS. MONT	HS DAYS	Hours	MIN.	PRONOUN	NCED	3	24	1982	11P M
70	BIRTHPLACE FOREIGN COUNTS	(Y)	1	F WHAT COU	NTRY?			ER MARR	IED 📙	9. BALTIN	ORE CIT	Y OR CO	UNTY OF E	EATH	
10	CITY OR TOW	N OF DEATH	II. NAME OF	USA HOSPITAL, NI		WIDOW E, OR OTH		DIVORC	12a USU	AL OCCU			ORK 12b. KII	ND OF BU	SINESS
	CUMBE	RIAND		ORTAT. F		Τ.				NOST OF WOR				F STC	
		CE (IF IN HURSING HOME O	R OTHER INSTITUTE	ON, GIVE RESIDENC	E BEFORE ADMISS	ION)	13d INSIDE C	TY LIMITS?	1	ET ADDRI					
4	MARYI		HANY	CUME	BERLAND		YES TY	NO [758	FAYE	Nation 19	STRE			
14	CLARI		MIDDLE	ATT	LAST		F	R'S MAIDI	EN NAME	N	AIDDLE			LAST	
16	. WAS DECEA	SED EVER IN U.S. ARA	AED FORCES?	AILE 16b. SO	CIAL SECURIT	Y NO.	17. INFORA	ABEL			ADDR	ESS	MU	RRAY	
	(YES, NO. OR UNI		WAR OR DATES)	220-	16-718	18	MADV	T) A	TTIM	CIII	DEDI	A BITTO B	VT)		
	Condi gave cause	DEATH WAS CAUSEE IMMEDIAT tions, if ony, which rise to immediate (a) stoting the under- couse last.	DUE TO), OR AS A CO	oua	ing.	Schen	olie	W /x	learl	1 De	slae	è.		
	Z	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH BUT NOT REL	ATED TO THE TERM	AINAL DISEAS	E OR CONDITIO	GIVEN IN PA	RTIo						
	19a DATE 21a EXTER	OF OPERATION	196. СС	ONDITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?						UTOPSY?	NO 🗆
	21s EXTER UNDERLYI CONTRIBU	NAL CAUSE WAS		AE OF INJURY R A.M. MONTH P.M.	H DAY YEA		OW INJURY	OCCURRE	D (ENTER)	NATURE OF IN	JURY IN ITEA	A 18 PART 1 C			NO L
	21d. INJUR WHILE AT WORK	Y OCCURRED NOT WHILE AT WORK		ACE OF INJURY			STREET			CITY OR TO	IWN		COUNTY		STATE
L	AT WORK														
	-	Micha	e of the remoii al causes X Pas (Accident		Autop	Homic	Inspection ide	Undet	Inquiry ermined mo	anner	ond in my	y apinian	-25	-82
	death res	ulted from: Notur	V						Undet	ermined m	anner].		-25	-82
2.	ACTUAL SIGNATUI EXAMINER (TYPE OR R	ulted from: Notur	las (Accident Cu	NAME OF CE	METERY C	Homic TITLE (S A.D. ADDRESS_ ADDRESS_	ide . PECIFY) Kut	Undete	ermined m	anner	DA SK		-25 ⁻	-82 ATE
	ACTUAL SIGNATUI EXAMINER (TYPE OR I	RE WILLS RESIDENT STATE OF THE	las (3h DATE 3-27-1	Accident (1) Cur	NAME OF CE	METERY C	Homic TITLE (S A.D. ADDRESS_ OR CREMATO	ide . PECIFY) Kut	Undete	CALEXAN	AINER	DA SK	GNED 3	-Z S	-82 ATE

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Lonaconing, Md.

Eichhorn Funeral Home



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	tim	

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0		
	1. DECEASED NAME FIRST (TYPE OR PRINT) JENN	INGS WALK	ER BE	ERY		MONTH DA		26 HOUR 3:52P _M
	3 SEX Male	4 RACE White	July	BIRTH 12, DA 1910 YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	West Virginia	76. CITIZEN OF WHAT CO		□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	MD
100	CUMBERLAND		NURSING HOME OF		120 USUAL OCCUPATION STORES OF WORK FOR MOST OF		126 KIND O	F BUSINESS OR Company
2			or town berland	34 INSIDECITY LIMITS?	13e STREET ADDRESS 12 Arch S	treet	,	
1	John E. Beery	WIDDLE	LAST	5. MOTHER'S MAIDEN NA CTara H			LAST	i
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOC	IAL SECURITY NO.	Barbara H.	Rummer Cum		d, MD	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT	DNSEQUENCE OF	OT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN	N IN PART 110	hey.
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	R WHICH OPERATION	WAS PERFORMED	70a AUTOPSÝ?		WERE FINDIN NG CAUSES	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMIN) 21d INJURY OCCURED WHILE NOTIFY MEDICAL EXAMIN 27a.1 certify that (I) (this has, saw the deceased alive above, (I) (we) (did) (did reconstruction) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	ZIE PLACE OF INJURY (AT HOME STREET, FACTOR Dital) attended the decease n ot view the bady after dept	Y OFFICE, FARM, ETC) d from S S 198 , and	216. HOW INJURY OCCUR 216. LOCATION STREET 19. 3.2 that in (my) (our) opinion GREE ATTENDING PHYSICIAN [272e ADDRESS MEM(city or too to \$ \cdot \ldot	wn , 19	COUNTY	
	THADDEUS	H. ELDER, 1	M.D.	1 1 live 1 1	511211	ARYLA	ND	21502

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT

24 FUNERAL DIRECTOR F. SCARPELLI

236 DATE

3-14-82

230 BURIAL, CREMATION, REMOVAL Burial

CUMBERLAND, MD 21502

Ft. Ashby Ft. Ashby Cemetery Ft. Ashby Mineral "

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	distribution of the control of the c	

3		FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 0	5 4 4 2
	-	REGISTRAR DECEASED NAME FIRST	AIDDIE	tast	REG. NO. 20. DATE OF DEATH MONTH D	DAY YEAR 25 HOUR
· (B.4)		TYPE OR PRINT)				27 82 4:35 pm
\$ 641	2	SEX E 11Z	abeth 14 RACE	Bollinger Ts. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
4 55	3.	Female	White	~°03 20 95		MONTHS DAYS HOURS MIN.
direct ours	24	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OF DEATH
eral 72 h	24	COUNTRY)	U.S.A.	MARRIED NEVER MARRIED	Allegany Count	
fun fun	10	Eckhart, MD		WIDOWED DIVORCED OF HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
201 us after by the filed w	5/	Frostburg		munity Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE housewife	INDUSTRY
24 hau filled ir auld be	35	Maryland A	or other institution, give residence before unity 136. CITY OR TOWN Frostb	'N 113d INSIDE CITY LIMITS?	130 STREET ADDRESS Circle	2
thin thin thin 2 sh	14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
mple and	10	Joseph	Hess	Regina	WIDDLE	Milkowski
ecution of colors	1 16	a WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	
n and n and medi	/	(YES, NOOR UNKNOWN) (IF YES,	214-07	-2372 Frestbur	g Community Hospi	ital
ST., BAL rrificate g physicic an paper emaval.		PART I. DEATH WAS CAU	only one couse per line (o), (b) ISED BY: IATE CAUSE (o)	Leilare.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON : te death ce te attending emave carb matian, ar r r traumatic		Conditions, if any, which	DUE TO, OF AS A CONSEQUE	We upper G	-1 Bleeding	1 mon
1 W. PRE that the case remains of cremater rather tra		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR SO CONSEQUE	or drivery t	brack infection	n paper
PRDS, 20 requires an signed in the please in the purity of injury, a			& deglocust	Ve arthr	ilia .	EN IN PART A
AL RECORDS The law required. The law required. And been slight from the law required to be like to be law required. The law sony injury in the law sony injury injury in the law sony injury injury in the law sony injury injury injury in the law sony injury injur	9	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
OF VITA ICIAN: T g physici gentificate idi-transi	1 11	00.000,000,000,000	DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 1B. P.	ART 1 OR PART 2)
DIVISION OF VITAL ING PHYSICIAN: The other this certificate h os the build-transit pt in and Mental Hygier orked or frem 18 show		OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN aspital at a ECTOR: Aff for use a d for use a t. af Health m 21 is man		22a. I certify that (1) (this has sow the deceased alive	on 19 on 19	ond that in (my) (our) opinion	death occurred on the date and hou	190 , that (I) (we) last r and from the causes stated
the horizontal DIRE		Karl	1sepungh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITA retained by TO FUNERA should be de with the Stat IMPORTANT		Chang Of	//	22e ADDRESS	Terrace, Frostbu	rg, Md.
BP	2	30. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY . Memerial Park	23d LOCATION CITY OF TOWN Frostburg Alleg	COUNTY STATE
DHMH - 16 50M 1/81		4. FUNERAL DIRECTOR	57 Frost Ave	250 DA	TE REC'D. BY REGISTRAR 256. REGIST	RAP SIGNATURE The
(VRA 15, 4)	1	Ourst Funeral Ho	ome Frestburg, M	. 21532'	10 8 1981 France	- Garring



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"El". W , mitter and forgon town

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ictor, poge 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN. The low

With the State User. Or recontrolling memor hygienic prior to barror, the months of the modified example PORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examples.

	1-	FOR STATE REGISTRAR			TOF HEALTH AND ERTIFICATE OF		REG. N	0.	3	
		CEASED NAME F	IRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	11.70	ROI	BERT C	HESTER	BRANT		MARCH 1	5. 198	32	3:10PM
	3. SE	X	4 RACE	5.	DATE OF BIRTH		& AGE (IN YEARS LAST BIR	/	UNDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te	Feb 17	1907		75 YRS.	DAYS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FORE		WHAT COUNTRY? 8.			9 BALTIMORE CITY		OF DEATH	
b	· ·	Maryland	11.5	~ .	MARRIED NEVER	MARRIED			Allega	ทพ
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING I	HOME OR OTHER IN		120 USUAL OCCUPAT	ON	126. KIND O	OF BUSINESS OR
2		CUMBERLANI		MORIAL HO			Retired Pm			Co
1	13a. S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	13c. CITY OR TOWN		CITY LIMITS?	13e STREET ADDRESS			
9		wland A	llegany	Cumberlan		NO 🗌	509 Fayet	te Str	eet	
	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER	S MAIDEN NA	WE		LAS.	
		Grant	A	Brant	13.27	Ida	May			iper
		VAS DECEASED EVER IN L	J.S. ARMED FORCES? EYES, GIVE WAR OR DATES!	166 SOCIAL SECURIT	Y NO. 17. INFORM	ANT	ADDRE	55720 B		k Avenue
		No	TES, ONE WHITE ON DATES)	214-07-01	20 John	G. Bran	t	LaVal		it h vollac
		18 CAUSE OF DEATH (E						14161	APPROXI	MATE INTERVAL
		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	RESPIRATOR	U FAILL	RG . (ARDIAC FAIG	WE		
		4281			1	,				
H		Conditions, if ony, wh	oich (CHRONIC O	BSTRUCTIVE	- PULM	ONARH 1)150	PHEE		
		gove rise to immedicause (a), stating	ote				/			
			ost.	RAS A CONSEQUENCE	FILURE: AL	MPLETE I	BUNDLE BRANC	H BLOC	K	
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS C							
	CERTIFICATION	100				D TO THE TERM	WAL DISEASE ON CON	DITION ONE	A IIA FAKT TIO	
7	CAT	190 DATE OF OPERATION	19b COND	ITION FOR WHICH OP	ERATION WAS PERF	ORMED	200 AUTOPSY?		WERE FINDIN	
	TIFIC	971 Lake	a III Thu				YES T NOT	IN CERTIFYI YES	NG CAUSES	OF DEATH?
	CER	21a. ACCIDENT WAS UNDERLY			21c. HOW I	NJURY OCCURR	RED (ENTER NATURE OF INJUS		1 I OR PART 2)	
		OR CONTRIBUTING CAUS	L OI DENIN	M. MONTH DAY	YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	19 21f LOCAT	ION				
	W	WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE FARM	ETC) STRE	1	CITY OR TO	WN	COUNTA	STATE
		220.1 certify that (1) (thi	s haspital) attended th	e decensed from	79	19		10	2	at a set to a large
		saw the deceased a	live on	19	, and that in (m)		death occurred on the do			that (1) (we) lost
		22b. SIGNAPIVRE	(did not) view the body	ofter deoth.	DEGREE				22c. DATE	
	Te	Rich	and Sch	midle	M.D.	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	3/1	7/82
		22d PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRE			REET	1	
		RICHARD	E. SCHI	NDLER, M.	D.	CUME	BERLAND, M		ND	21502
		URIAL, CREMATION, REM			ME OF CEMETERY OR		23d LOCATION			
	(Burial	March	19,82 Mt	Savage Me	th Cem	Mt Savag		COUNTY M	arvland
	24 FL	INERAL DIRECTOR		40	4 Decatur	St 250 RAY	PEC'D. BY REGISTRAR			
	Si	lcox-Merrit	t Funeral S	ervice. Cu	mberland.	Md M	W T a 1285	Michel		A STATE OF THE PARTY OF THE PAR

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT.

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	1-	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 2	0.	5	. 4 6
		CEASED NAME	FIRST	1	MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR AN
	(IIIPE		ARRIE	ELI	ZABETH	CA	STEEL	MARCH 11.	1982		9:20 M
	3. SE	× Female		White		5. DATE O	DF BIRTH ₱ 1, □1918 EAR	6 AGE LIN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	W	RTHPLACE (STATE OR COUNTRY) est Virgin	nia	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	_	OF DEATH	MD.
0		UMBERLANI			MORTAL MORTAL		OR OTHER INSTITUTION	170 USUAL OCCUPATION OF COMPANY O			F BUSINESS OR
4	13a. S	AL RESIDENCE (IF NUR STATE MD	13b COUN Alle	TY	136 CITY OR TOW Cumber	N -	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	s Addi	tion	
0	14 FA	Phillip :	limbro	OK	LAST		15. MOTHER'S MAIDEN NAM			LAS	t
10		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR GATES)	218 24 8		Mrs. Jean	Bobo Bown		Additio	on
	ION	18 CAUSE OF DEAT PART I. DEATH V Conditions, if ony gove rise to im couse iol, stoti underlying couse PART 2 OTHER SIG	, which mediate the lost.) BY: E CAUSE [0] DUE TO, OF (b) DUE TO, OF (c)	RAS A CONSEQUE RAS A CONSEQUE	ENCE OF	failing i'c obstruct	lus Lung o	divas	4	MATE INTERVAL INSET AND DEATH
7	CERTIFICATION	190. DATE OF OPERA			TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
7	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEO	CAUSE OF DEA	HOUR A./	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART I OR PART 2}	
	MED	216 INJURY OCCUR	HILE 🗀	21e. PLACE (OF INJURY EET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	state
		22a.l certify that (1)	(this hospit	ol) ottended the	deceosed from_	1) - 5 19 82		/(1	902	that (I) (we) last

220.1 certify that (I) (this haspital) attended the deceased from OBUSTIANO

ATTENDING PHYSICIAN MD 22e ADDRESS

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

BARRERA 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

3-14-82

23d. LOCATION

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

Cumberland Allegany MD

AS PATE REC'D. BY REGISTRAR 236. REGISTRAR'S SICHANDE JAMES F. SCARPELLI CUMBERLAND, MD 21502

Sunset Memorial Pk.

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		TO STAR .	

2	8	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3 2	0	5	147
	m.e	I. DE	CEASED NAME	FIRST		A MD D OCE		AST	20. DATE OF DEATH			26 HOUR
v be	deod			LORE		AMBROSE		SSNA	MARCH 13		2	7:10P _M
ae 4 mo		3 SE	* Male	TY	1 RACE Whi	te	S. DATE C	26, DAY 1923	6 AGE (IN YEARS LAST BIR	THDAY) III	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Beath. Po		o. B	RTHPLACE (STATE OR F COUNTRY) Maryla			S. A.	? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY C	_	F DEATH	MD.
rs offer o	by the filed will		TY OR TOWN OF DEA	D	MEN	ORIAL !	HOSPI	R OTHER INSTITUTION	12g USUAL OCCUPAT	F WORKING LIFE	INDUSTRY	F BUSINESS OR PORTATION
n 24 hou	filled in nould be	13a M	AL RESIDENCE (IF NURS STATE aryland	13b COUN	other institution by egany	134 CITY OR TO		136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 210 Park	St.		
ed with	ond 2 shows ond 2	14 FA	James	t	NPDLE	Cessna		15 MOTHER'S MAIDEN N. Martha	H. MIDDLE		Coo	k
e execu	on and co		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	218-12-		Mrs. Mary E	. Beal, 50 F		Lane,	Frostbur
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTILAND STAGE PHYSICIAN. THE low requires that the death certificate be executed within 24 hours	signed by the attending phen please remove corbong to burol, cremation, ar remove, or cempley.	NO	Conditions, if any, gover rise to imm couse (a), stating underlying cause	which nediate g the last.	DUE TO, C (b) DUE TO, C (c) (c)	DR AS A CONSEQUENCE OF A CONSEQUE	UENCE OF		ALUR & PD MINAL DISEASE OR CON		1 IN PART 1(0	
he low red	has been it permit. The permit of the prior it parts only in	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDING CAUSES	GS USED OF DEATH?
OR ATTENDING PHYSICIAN: 1	e hospital or attending physic DIRECTOR: After this certificate iched for use as the bural-trans Dept of Health and Mental Hyg Hem 21 is marked or them 18 sh	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK 22g. 1 certify that M saw the decease obove, (1) (www) (d) 22b SIGNATURE	AUSE OF DEAT AL EXAMINER) ED (this hospited of live on _	21e PLACE (AT HOME S)	y ofter death	, FARM ETC)	21f. HOW INJURY OCCUI	city OR TO	ote and haur a	COUNTY pand from the country 22c. DATE S	SIGNED
HOSPITAL	TO FUNERAL Dishauld be detoined by the Shauld be detoined with the State Limportant: If		226. PHYSICIAN'S NA DR. W			Mallo	00.		DRIAL HOSP BERLAND, M	ITAL	MEDICA	5/82 AL BLDG. 21502
01	■ 日本 x 至 一 BP	23o E	BURIAL, CREMATION,			230	NAME OF C	metery or crematory man Cemetery	23d LOCATION			Marifland
DH/	MH - 16 50M 1/81 (VRA 15, 4)		Wälfne Geo	rge. 2	202 Gre	ene Steress	Cumber	eand, Md. MAR	TREGO TO REGISTRAD			JRE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	DECEASED NAME FIRST	MIDDLE						
T.	MARGAR			LAST	MARCH 2	2, 1982	DAY YEAR	2:00P
3	SEX .	4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Ł	Female	White	Apr:		58	YRS	MONTHS DAYS	HOURS MIN
t	BIRTHPLACE STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWI	D NEVER MARRIED	ALLEGAN	Y COUNT	TY OF DEATH	MD.
	Cumberland	SACRED MEART	RSING HOME OF	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Secre	MOST OF WORKING	12b. KIND CINDUSTRY Leg:	F BUSINESS OR
		NTY IS KEYSE NETAL KEYSE	OWN	134. INSIDE CITY LIMITS? YES NO X	13e. STREET ADD	RESS		
1	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		DDLE	LAS	T.
	William	B. Prout		Edith		and the	Wilt	
16	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT		ADDRESS		
L	No	234 48	3229	Virginia	Baker	RD 1.	Keyser	. W. Va.
	Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	TE CAUSE (0) () () () () () () () () ()	OUENCE OF	1	INAL DISEASE OR	R CONDITION G	unde	MATE INTERVAL ONSET AND DEATH CASSILIANCE
NOTE OF THE PARTY	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH		A DELL'ESTATE	20g AUTOPSY	? 20b IF Y	ES, WERE FINDING CAUSES	NGS USED
			DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18	PARTIOR PART 7)	
MEDIA	OR CONTRIBUTING CAUSE OF DE. IF EITHER NOTIFY MEDICAL EXAMINE! 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE_FARM, ETC)	211 LOCATION STREET	CIT	TY OR TOWN	COUNTY	STATE
	obove, (1) (wer) did) (did no	tel) attempted the deceased fro	9 0 2 0	nd that it say) (out) opinion (death occurred on	the date and ha		that (I) (we) lost couses stated
	226 SIGNATURE	of Thousand	2	ATENDING YSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN [22e DATE	SIGNED 22/2
	SNIDER, RICHA			P.O. BOX 24	55 , CUM	BERLAND	, MD. 21	.502

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 share

FOR - STATE

236 March 82 Urice Cemetery

Keyser

Mineral

ROTRÜCK FUNERAL HOME, 85 S MAIN ST., KEYSER,

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3/	1-	FOR STATE REGISTRAR			DEPARTMI	ENT OF H	EALTH		ENTAL HY	Cal	2	REG. NO.	5	4 4	9
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2 REAL SECTION 19	FO	RTHPLACE (STAT REIGN COUNTRY)	E OR 7	U S A		Υ?	MARRIE		VER MARRIE DIVORCE		BALTIMORI A L.L.F	EGANY	COUNTYO	FDEATH	
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AND 33 AND 31 AN	13a. 5		IN HURSING HOME OR COUNTY ALLEG		134 CITY OF	RTOWN		3d. INSIDE CI	NO	13e. STREET 726	ADDRESS BEDF	ORD SI	.CUMB	,MD.	21502
JRS AFTER DEATH. IF ANY DELA B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAINLA T. PAGES 1 AND 2 SHOULD BE DIVISION OF VITA RECORDS.	160. V	S, NO, OR UNKNOWN	EVER IN U.S. ARME	D FORCES?		SON AL SECURITY	NO.	MI 17. INFORM				DDRESS	KEY		0
24 HOURS AI ITEM 18. GIV LONG WITH PERMIT. PAC GIENE, DIVIS		18. CAUSE OF I PART I DEAT	DEATH (Enter only of TH WAS CAUSED B IMMEDIATE	BY:	far (a), (b), a				MAN R.					APPROXIMAT ETWEEN ONSE	TE INTERVAL
HALL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR HOUR MEDICAL EXAMINER ALONG W. USED AS A BURIAL. TRANSIT PREMIT. OF HEALTH AND MENTAL HYGIENE, D. RIAL, CREMATION, OR REMOVAL.		gave rise cause (a) st lying cause	if any, which to immediate rating the <u>under-</u> <u>last.</u>	(b)	as a conse	QUENCE O	orona		clusi						
SHOULD BE EXE OND "PENDING CHIEF MEDICAL SE USED AS A BL IT OF HEALTH AN SURIAL, CREMAT	CERTIFICATION	19a. DATE OF O	PERATION	196 CONDIT	ION FOR WI	HICH OPERA	TION WA	S PERFOR/	MED?			+	20	AUTOPSY YES	? NO 1
ATE WEN THE TO B		210 EXTERNAL OUNDERLYING	CAUSE WAS OR CAUSE OF DE		INJURY MONTH D	AY YEAR	21c. HO	W INJURY	OCCURRED	(ENTER NAT	URE OF INJURY	IN ITEM 1B PAR	T 1 OR PART 2)	120	110 2
HAAAAE	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO	OF INJURY ORY, FARM, ETC.)	AT HOME,	211 LOC STI	ATION		C	ITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		220. I certify death resulted ACTUAL SIGNATURE	from: Natural Natural AME Giovani	couses X.	Accident [out	ela,	Homic TITLE (SI Dep		Undetern	Inquiry X nined manne	r ,	SIGNED	3-7-82	
Bb PAG	18	JRIAL, CREMATIC PECIFY) BURIAL	ON, REMOVAL 236.		23c. NA	ME OF CEM	ETERY OR	CREMATO		PLIN	STONE	AILEC	COUNTY LANY M	ARYLA	ND
DHMH - 17 (VR A15 ME (5))		NERAL DIRECTO		RAL HOME	230 INC.	BALTIM CUMBEF	ORE LAND		250. DATE RE	1 0 10	GISTRAR Z	Sh. REGISTA	PAR'S SIGN	Math	m'

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STATE OF MARYLAND

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		FOR					MARYLAND H AND MENTAL	HYGIENE	9	0 5	A los	
		STATE REGISTRAR		MI	EDICAL EXA	MINER'S	CERTIFICATE	OF DEATH	REG. NO	0		
		EASED NAME	FIRST		WIDDLE		LAST	2a. DATE	KNOWN D		DAY YEAR	2b. HOUR
Mark St.	(118	CORPRINT)	WIII	iam	Leon		Dolan	OF DEATH	H MATED	3	2 19 82	
1	3. SEX		1. RACE	5. DATE OF BIRTH		(IN YEARS IF U			rE	MONTH	DAY YEAR	24 HOUR 3:30
(系統)	1	Male	White		- LAIST	BIRTHDAY) MON	THS DAYS HOURS	MIN PRONOL	1D INCED	3	2 19 82	a M
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AN INTERPRETATION		TY OR TOWN C		(IF NOT IN SUCH	SPITAL, NURSING I	ORESS)	HER INSTITUTION	12a. USUAL OCC		E OF WORK 12	2b. KIND OF BUS OR INDUSTR	SINESS
DA PRO		Cumberia		Memor	iai Hospi	tal		Emplo			Jewele:	
SHOULD BE IN RECORDS	13a. S	L RESIDENCE () TATE	IF IN NURSING HOME C 13b. COUN	OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE A	WN	134. INSIDE CITY LIMITS?					
5番う 〇		ryland	Alle	egany	Oldtown		YES NO E	7	Box 235	;		
EALA	14. FA	THER'S NAME		MIDDLE	EAST		15. MOTHER'S MAIL FIRST	DEN NAME	MIDDLE		LAST	
ANIO		Willi	am	Dawson	Dola		Bren	da			Leasu	
SES N	16a. V	S, NO, OR UNKNOV	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC		17. INFORMANT		ADDRESS	RFD #	1-Box 2	35
MISI		No.			1213-72-		Mrs. Bre	nda Dolan		Oldto	wn, Md	
S N N N N N N N N N N N N N N N N N N N		18 CAUSE OF PARTIDEA	DEATH (Enter on ATH WAS CAUSE) RY.	ne for (a), (b), and (c).)					APPROXIMATE BETWEEN ONSET	AND DEATH
CEENE, DIVIS		011	IMMEDIA!	IE CAUSE (O)	Asphyxia or as a conseque	NICE OF				***		
TO RECOURT LEADWRINGS THE CARTING THE WORD "PENDING" IN THIS THE CRETIFICATE WRITING THE WORD "PENDING" IN PENCIL IN 17th 18. GIVE PAGES 1. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT PERMIT PAGES 1 AND 28 AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIERE, DIVISION OF VITABBALTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7	7 condition	s, If any, which								D-50/13	
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A A A A	15	lying cous		DUE 10, 0	R AS A CONSEQUE	NCE OF					1000	
AND AND A TIO		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT BELATED TO TH	NE TERMINAL DICEA	SE OR CONDITION GIVEN IN P	MAT 1			<u> </u>	
REM	Z			200000000000000000000000000000000000000	B SOT HOT RECATED TO TH	TE TERMINAL DISEA	SE OR CONDITION SIFER IN P	ART TIOL				
EA .	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	DITION FOR WHICH	OPERATION V	WAS PERFORMED?			1	20 AUTOPSY?	
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ARY ARY		/	//)	(/)	4		TITLE (SPECIFY)	ondere				
A P C C		ACTUAL SIGNATURE_	11	Julia	Thurson		Deputy C	hief DICAL EXA	MINER	DATE SIGNED.	3/2/8	32
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SE E		EXAMINER'S N (TYPE OR PRIN	Thom	as D. Sm	ithj M.D.		ADDRESS	II Penn S	iT. Ba	alto.,	MD.	
A D A A	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. NAME C	F CEMETERY (OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		
		Buria		Mar 3,198			al Cemeter	v Cumber	land Al	llegan	y Maryl	
DHMH - 17	-	NERAL DIRECT		ADDRES	22	Decatu	100	REC'D. BY REGISTE	177	0	SNAHHH	
5 ME (5))	Si	Lcox-Me	rritt Fw	neral Ser	rvice.Cum	perland	Md MC	IR 8 198	1 Mas	w	COLUMN TO SERVICE SERV	A.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME MELVIN DOLLY MARCH 7, 1982 3. SEX MALE M	L	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.		
SEX Male Wite State of Birth S					MIDDLE		LAST	2a. DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
Male White White Whate Washing Country Wash It city or fown of Death It city or flown of Death Whosh washing Country Wash It city or flown of Death It city or flown of Death It city or flown of Death Wash It city or flown of Death It city or flown of Death Wash It city or flown of Death It city or flown of Death It city or flown of Death Wash It city or flown of Death It city or flown of Death It city or flown of Death Wash It city or flown of Death			MEL	/IN		DOL	LY	MAR	CH 7,1982		6:45 A
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The Birthface (1924 of Potential) WARE WARRIED MARRIED MARRIE		Male		White	9	June	8, 1921	6	0 ,,,,	MONTHS DAYS	HOURS MIN.
W. Va. II. I. NAME OF CENTRAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF CHEER HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (RE NOT RESONANCE OF CHEER HOSPITAL NURSING HOME OR OTHER INSTITUTION (RE NOT RESONANCE OF CHEER HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF CHEER HOSPITAL NURSING HOME OR OTHER INSTITUTION (ROT RESONANCE OF CHEER HOSPITAL NURSING HOME OR HOSPITAL NURSING HOME HOSPITAL NURSING HOME OR HOSPITAL NURSING HOME HOSPITAL NURSING HOME OR HOSPITAL NURSING HOME HOME HOME HOME HOME HOME HOME HOME	.7α. B	IRTHPLACE (STATE O	R FOREIGN .	76. CITIZEN OF	WHAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIM		OF DEATH	
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13	1	Cumberla	nd /	SA	CRED HEA	RTHO	SPITAL				uolson
W Va Minera New Creek 18 In Minera New Creek 18 In Minera Note 18	USU. 13a. S	AL RESIDENCE (# NUI	SING HOME OR	OTHER INSTITUTION			ATTAL INCIDE CITY LIVER				UCKEL
15 MOTHER'S NAME 18 MODIE 181					22 0			_			
Total Tota	_	ATHER'S NAME				ECA			To Del		
No			N	VIDDIE					-		ST.
SCAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	16a V	WAS DECEASED EVE				JRITY NO.				more	
18 CAUSE OF DEATH Enter only ane cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF	((IF YES, GIVE	WAR OR DATES)	23/1 38	856	5 Effic I	Dolly	New Creek	~ TAT T.T	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG. 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21c, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WE EITHER NOTIFY MEDICAL EXAMINER! P.M. 19 21c, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19c AUTOPSY? 11c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18, PART 1 OR PART 2) WHILE NOT WHILE ALWORK AT WORK 21c, Lecrify that (1) (this hospital) attended the deceased fram Share I FACTORY, OFFICE, FARM, ETC.) 22c, Lecrify that (1) (this hospital) attended the deceased fram Share I FACTORY, OFFICE, FARM, ETC.) 22c, ADDRESS PAUL LIVENGOOD, M.D. 23c ADDRESS 13d BURIAL, CREMATION, REMOVAL 128b, DATE 13c NAME OF CEMETERY OR CREMATIORY 13d BURIAL, CREMATION, REMOVAL 128b, DATE		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSED	D BY	line far (a), (b), an	dici	I als Pro	11111192			MATE INTERVAL ONSET AND DEATH
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220. I certify that (I) (this haspital) attended the deceased fram 220. I certify that (I) (this haspital) attended the deceased fram 300 19 83, that (I) (we) lost saw the deceased alive on 30 19 83, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did) (did) (at) view the bady after death. DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DI		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA		21c. HOW INJURY OCC	URRED (ENTER P	ATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
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226 ADDRESS 220 PHYSICIAN SNAME UPGE OF PRINT) 220 ADDRESS 221 PHYSICIAN SNAME UPGE OF PRINT) 222 ADDRESS 223 BURIAL, CREMATION, REMOVAL [236, DATE] 223 BURIAL, CREMATION, REMOVAL [236, DATE] 224 DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC		saw the decear	sed alive on_		otter death	, 01	nd that in (my) (our) opini	ion death accurr	ed on the date and hou	and from the	causes stated
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PAUL LIVENGOOD, M.D. 222 ADDRESS 912 SETON DRIVE CUMBERLAND, MD. 21502 230 BURIAL, CREMATION, REMOVAL 1236, DATE 1230 NAME OF CEMETERY OF CREMATORY 1236, LOCATION		Wan	0 (3		chair	M	ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAFF R PHYSICIAN	3/8	185
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230 BURIAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY 236, LOCATION		PAUL	IVENG	00D.M.D			912 SETON	DRIVE	CUMBERI AND	. MD 2	1502
(SPECIFY)	23a B	BURIAL, CREMATION				NAME OF C				9 1 112 1 2 .	. 702

DHMH - 16 50M 1/81 (VRA 15, 4)

9 March 82 Dolly Cemetery
Allen M.Rotruck 85 S.MAIN STREET
KEYSER, W. VA. 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR IN PEGISTRALS IN LATING SEC. ROTRUCK FUNERAL HOME

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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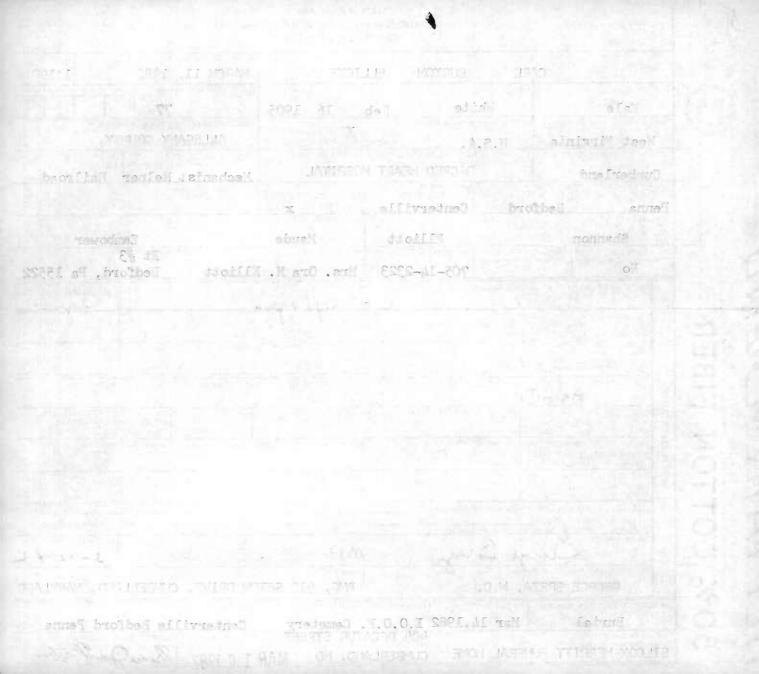
	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 5 2	0 5 4 5 3
		FIRST MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE OR PRINT)	ILLAIM V.	EDMOI	NDSON	MARCH 14,198	
	3 SEX	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
	MALE	BLACK	OC'		68 yr	MONTHS DATS HOURS MIN.
1	Jo. BIRTHPLACE (STATE OR FOR	16 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF COL	
>	W.VA.	US	A WIDOWI	91.40	ALLEGANY COL	JNTY MD.
	10. CITY OR TOWN OF DEATH		TAL, NURSING HOME (TY GIVE STREET ADDRESS) HEART HOSE	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	NG LIFE) 126 KIND OF BUSINESS OR
4	CUMBERTAND DOUAL RESIDENCE (IF NOR 11)	THE DE DI HER INSTITUTION, GIVE RE	•	17/L	HET BELLHOP	HOTEL
5	NEST VIRGINIA	MINERAL.	RTDGLEY	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 30 LYONS STRE	EET
	14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA	WIDDIE	LAST
7	WILLIAM	L.	EDMONDSON	SARAH	FLORENCE	ALLEN
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
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	TO THE OF OPERATION OF COURSE OF COU	YING 71b. TIME OF INJUHOUR AM. NEXAMINER) P.M.	NONTH DAY YEAR	21c. HOW INJURY OCCUR		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NIB PART LOR PART 2)
	21d. INJURY OCCURRED WHILE NOT WHILE	LAT MOME STREET EAC	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK			MA	25 11/11	25
	saw the deceased (above (Twe) (did)	is hospital) attended the dece	leoth 19 5 , or		death accurred on the date and	hour and from the causes stated
	276. SIGNATURE	Mille	ulisa	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
٦	27EPHYSICIAN'S NAMI		1	22e ADDRESS		
	FREDR:	CK MILTENBERG	ER,M.D.	122 S. CEN	NTER STREET CUM	BERLAND MD.21502
	230. BURIAL, CREMATION, REA	MOVAL 736 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	BURIAL	3-17-198	2 WOODLAV	IN CEMETERY	CUMBERLAND A	LLEGANY MD STATE
	24 FUNERAL DIRECTOR	RE-STEIN FONER	230 BA	LT. AVE. 250 DAT BERLAND, MD MA	E REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE LES YEAR HATTHER

DHMH - 16 50M 1/B1 (VRA 15, 4)

MAPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, th

	14				
TERROW MARKET					
300 mil.		WILLIAM.	mest assist		
Allen glass of				230 1. 28.91	

	REGISTRAR	D	ARTMENT OF			2 0	5 4	5 4
I DE	F OR PRINT!	MIDDLE					20 1	
			N ELI	LIOTT	MARCH 1:	1, 1982	1:	10P M
II SE			MONT	H DAY YEAR		440		IDER 24 HRS.
J. B				16 190			DEDEATH	
	West Virginia	U.S.A.	MARRIE		1 01150			MD
		11 NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE SACRED	URSING HOME (STREET ADDRESS) HEART	OR OTHER INSTITUTION	(* " OF WORK FOR M	OST OF WORKING LIFE)	INDUSTRY	
13a. Pe	enna Bedi	NTY 13c. CITY OR	TOWN	138 INSIDE CITY LIMITS			1181110	10
14 F.	ATHER'S NAME FIRST	MIDDLE LAS	T			1 F	TAST	
	Shannon			Maude		Ze	embower	
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		17. INFORMANT	A			
	No ·	705-1	4-2323	Mrs. Ora M	. Elliott	Bedf	ord, Pal	.5522
	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (o), (b	or, and re	1			BETWEEN ONSET	NTERVAL
4.5			01	& esophan	us		2 70	mi.
	1509	DUE TO, OR AS A CONS	EOUENCE OF	1 1			0	
	Conditions, if dny, which	(p)						
	cause (a), stating the underlying couse fast	DUE TO, OR AS A CONS	SEQUENCE OF					
	PART 2 OTHER SIGNIFICANIT	(10)						
Z	AZ L	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR C	ONDITION GIVE	V IN PART 110	
FICATR	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDINGS UNG CAUSES OF DI	SED EATH?
ERT	21g ACCIDENT WAS UNDERLYING	7 1h TIME OF INJURY		121r HOW IN HIPY OCC				
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		THE THE HAJORT OCC	CHARLO TENTER NATURE OF	INJURY IN ITEM 18, PAR	I I OR PART 2)	
EDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC }	STREET	CITY	OR TOWN	COUNTY	STATE
			om	. 19	, to), that (l) (we) lost
	saw the deceased alive on above, (1) (we) (did) (did no	ot) view the body ofter death.	19 or	nd that in (my) (our) apini	an death occurred on th	e date and hour	and from the couses	stoted
	22b. SIGNATURE	Q					22c. DATE SIGN	ED
	No	ye Dun		MI) ATTENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN []	3-12	82
	224. PHYSICIAN'S NAME (TYPE O	OR PERMIT		22e. ADDRESS				
	GEORGE BREZ	ZA, M.D.		BMG, 912 S	ETON DRIVE,	CUMBERL	AND, MAR	YLAND
23a. E	BURIAL, CREMATION, REMOVAL					NI .	COLUMN	
	Burial	Mar 14,1982	L.O.O.F	. Cemetery	Centerv	ille Bed	ford Penr	1a
	NAME	4000	404 DEC/	ATUR STREET	DATE REC'D. BY REGISTI	RAR 256. REGISTRA	AR'S SIGNATURE	
SI	LCOX-MERRITT FU	JNERAL HOME	CUMBERLA	AND, MD M	AR 1 6 1982	Thank	Donalles ?	Jan .
	1 DE (177) 1 SE 10 C C C C C C C C C C C C C C C C C C	I - STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT) C. I SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia 10 CITY OR TOWN OF DEATH Cumberland USUAL RESIDENCE (IF NURSING MORE OR 130, STATE Penna Ide FATHER'S NAME FIRST Shannon Ide WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) IF YES, GI NO IS CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSI IMMEDIA Conditions, if dny, which gove rise to immediate cause (a), stating the underlying couse fost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (IF EITHER, NOTHY MEDICAL EXAMINE AT WORK AT WORK 22a.1 certify that (i) (this hosp sow the deceosed olive or obove, (I) (we) (did) (did no 22b. SIGNATURE 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24 FUNERAL DIRECTOR NAME 24 FUNERAL DIRECTOR NAME 25 SIGNATURE 24 FUNERAL DIRECTOR NAME 25 SIGNATURE 26 SIGNATURE 27 SIGNATURE 27 SIGNATURE 28 SIGNATURE 29 SIGNATURE 21 SIGNATURE 21 SIGNATURE 21 SIGNATURE 21 SIGNATURE 22 SIGNATURE 23 SIGNATURE 24 FUNERAL DIRECTOR NAME	TO DECEASED NAME TO DECEASE OF DEATH TO DECEASED NAME TO DECEASE NAME TO DECEASED NAME TO DECEASE	TO STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT) CARL BURTON ELI SEX 4. RACE White Feb. BIRTHPLACE (STATE OR FOREIGN COUNTY) West Virginia I S.A. Whale BIRTHPLACE (STATE OR FOREIGN COUNTY) West Virginia I S.A. US.A. Whale BIRTHPLACE (STATE OR FOREIGN COUNTY) West Virginia II S.A. US.A. US.	TO CHER SIGNAME 1 - STATE REGISTRAR CARL BURTON ELLIOTT 1 SEX 4 RACE White Feb 16 190 FOR MARRIED MA	FOR STATE RECISIRAR DECASED NAME INTERIOR PRINTING CARL BURTON ELLIOTT MARCH 1: SEX Male White Sharlor of brain White White Sharlor of brain ILLIOTT MARCH 1: SEX White Sharlor of brain White White Sharlor of brain ILLIOTT MARCH 1: SARCE White Sharlor of brain White Sharlor of brain ILLIOTT MARCH 1: SARCE White Sharlor of brain ILLIOTT MARCH 1: SARCE White Sharlor of brain ILLIOTT MARCH 1: SARCE Sharlor Birth Feb 16 1905 ILLIOTT MARCH 1: SARCE Whower of the sharlor of brain White Sharlor of brain ILLIOTT MARCH 1: SARCE Sharlor of brain ILLIOTT MARCH 1: SARCE White Sharlor of brain ILLIOTT MARCH 1: SARCE SA	FOR STATE CERTIFICATE OF DEATH REG. NO.	FOR STATE STATE



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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nakan at			

James F. Scarpelli, Cumberland, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

(TYPE OR PRINT)

I. DECEASED NAME

REGISTRAR

REG. NO

2b. HOUR

3:08

12b. KIND OF BUSINESS OR

Own Home

LAST

APPROXIMATE INTERVAL

NO [

STATE

IF UNDER 24 HRS

IF UNDER I YEAR

20 DATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR

MAK

Allegany, Md

COUNTY

22c. DATE SIGNED

CLADA V. FEMILIAN NIRON X, 1982 G:08 A Company of the erich states HENORIAL HOSPITAL the state of the s Tanifo at the standard of the vice vice of Process in the control of the state of the s

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	1-	FOR STATE REGISTRAR		MI	DEPARTMENT O	FHEALT		ENTAL HYG		REG. NO.	5 4	5 7
JRS JRT,	(TYP	CEASED NAME E OR PRINT)	Glenn	Α.	Geary		LAST		OF	MATED XX 3	26 19	82 0500 A
WITHIN 72 HOUR		Male	white	5. DATE OF BIRTH	0 YEAR LAST BIRT		UNDER 1 YR.	HOURS MI	PRONOUN DEAD	3 26		82 0900 _M
15835 MM235	FO	RTHPLACE (STANDERS OF THE MALY) Mary TY OR TOWN C	and	U.S.		WIDO	WED		🗷 A11e	ore city or co egany		MD
CORDS, 201 W	Cun	nberland	d	(IF NOT IN SUCH I	SPITAL, NURSING HO FACILITY, GIVE STREET ADDRES Decatur St GIVE RESIDENCE BEFORE ADM-	(S)	THER INSTITU	ITION 126	USUAL OCCUP FOR MOST OF WORK Labore	ING LIFE)	OR IN	of BUSINESS DUSTRY truction
温し	13a. S	Md.	13h CQUA	Llegany	13c. CITY OR TOWN Cumberla	٧	13d. INSIDE O	NO 🗆	STREET ADDRES			
1/		Thoma:	S EVER IN U.S. AR	MIDDLE	Geary		15. MOTH	ER'S MAIDEN N	IAME MII	ADDRESS	Ro	oby
DIVISION OF WITH	[YI	ES, NO, OR UNKNOV	WN)	E WAR OR DATES)	214-05-9			Geary	Mt.	Savage,		
- TRANSIT PERMIT ENTAL HYGIENE, OR REMOVAL.		57/2 Condition gove rise	IMMEDIA s, if ony, which e to immediate stating the under	TO BY: ATE CAUSE (o) HE DUE TO, O (b) Ch DUE TO, O	e for (o), (b), ond (c).) pato-renal R AS A CONSEQUENC R AS A CONSEQUENC	r dis	ease				ye	OXIMATE INTERVAL NONSET AND DEATH TEEKS
CREMATION	NOIL			CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TO		ASE OR CONDITIO		g).			ars
2る	CERTIFICATION	19a. DATE OF			ITION FOR WHICH OP	'ERATION	WAS PERFOR	MED?			20 AUT	OPSY?
1	MEDICAL CE		OR CAUSE OF	DEATH P.	M. MONTH DAY YE	AR		OCCURRED (E	NTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)	
	MED	21d. INJURY OF WHILE AT WORK	NOT WHILE [OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. 10	OCATION STREET		CITY OR TOW	'N	COUNTY	STATE
-		22a. I certify death resulted ACTUAL SIGNATURE_		ge of the remains do	Accident ,	Suicide [Homico	Sit.	Inquiry	nner .	ATE IGNED 3/26	/82
AFTER DEATH, WITH THE STATE DEPARED BALTIMORE, MARYLAND, 21201 PRIO	5	EXAMINER'S N (TYPE OR PRIN	π) Pau		1.D.		_ADDRESS_		rial Hos	spital		
	24 FU	Buri JNERAL DIRECT	FOR	Mar 29,19	82 Mt. Sa 404 Decat	vage ur St	U. Met	h.Cemt.	D. BY REGISTRAR	Vage	Allegan R'S Starting	STATE Md.

210 hearthan ois n lorg. enc 10:10 3 ราก (เรคอักกา) 21 DOGGER TE. 11190 ~ 77 EIT Ceerre . t. Covere, Id. nriel ''nr 29,1982 'tt. favere . bot. . ort. .) 712 91 9°3V3?C. Tribace L 1)!

filmos- erri t ball on. sam erland, d.

DHMH - 16 50M 1/BI (VRA 15, 4)

FOR

REGISTRAR DECEASED NAME

- STATE

COUNTY 19 \$2 and that in (my) four apinion death accurred on the date and haur and from the couses stated 22r DATE SIGNED 3-29-52 DECATUR STREET Burial Fort Ashby Cemetert Fort Ashby Mineral 404 Decatur St 250 ME REC'D. BY REGISTRAR 256 REGISTRAR'S SCHATURE 250 24 FUNERAL DIRECTOR Silcox Merritt Funeral Service.Cumberland, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

MONTH

Allegany MD

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	noosdir!	ostil	in proj na	HE B	6-1116
North North		O mudde		- C	OH-

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-						
CERTIFICATE OF DEATH							

DEFARIN	CERTIFICA			REG. NO.				
	GRABENS T	ΓΕΙΝ		MARCH 31, 19		YE AR	6:1!	
	5. DATE OF BIR	RTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HR
	Mav	16	1891	91 YRS	MONTHS	DATS	HOURS	MIN
COUNTRY?	8	1-1-1		9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

4. RACE Female White DE BIRTHPLACE ISTATE OR FOREIGN

GERTRUDE

Allegany

AAIDD LE

76 CITIZEN OF WHAT

MARRIED NEVER MARRIED WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DIVORCED

ALLEGANY COUNTY

Housekeeper-

MICOLE

12b. KIND OF BUSINESS OR INDUSTRY

CITY OF TOWN OF DEATH Cumberland

Morvland

(IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) SACRED HEART HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) 136 COUNTY 13c CITY OR TOWN

13d INSIDE CITY LIMITS? NOF 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS

200 Columbia Street

Maryland 4 FATHER'S NAME Joseph

No

LYES NO OR UNKNOWN

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTI

COUNTRY)

3. SEX

MIDDLE 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (1F YES, GIVE WAR OR DATES)

Lippold 166 SOCIAL SECURITY NO. 217-10-1536-

Cumberland

17 INFORMANT

Regina

Albright ADDRESS 1803 Bedford St

Joseph R. Neubiser Cumberland, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for tal, b PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSPOUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR

190 DATE OF OPERATION

28g AUTOPSY?

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES

71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY

MONTH DAY YEAR 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN COUNTY STATE

220.1 certify that (I) (this haspital) ottended the deceased fram saw the deceased alive on abave, (I) (**e**(did**(did nat) view the body after death

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

NO

22c DATE SIGNED

22d. PHYSICIAN'S NAME TTYPE OF PRINTS

230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

NOT WHILE

48 TARN TERRACE 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

FROSTBURG 23d. LOCATION

Peter & Paul Cem | Cumberland Allegany Maryland

24 FUNERAL DIRECTOR

SPECIEV

CERTIFICATION

00

Burial

SIKANDER SANDHIR, M.D.

FUNERAL HOME 404 DECATUR ST., CUMBERLAND ND

23b DATE

DHMH - 16 50M 1/B1 (VRA 15. 4)

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200 Colimbia Street	N bn	ร ็ชว ำ เก๋	arri bunitera
orful-edf.4	arriva li	omer in T	dresel.

- STATE REGISTRAR	PH AN	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.			
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	NTH DAY	YEAR	2b. HOUR
Clara	Doman	Gross	0	3 26	82	04:25
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	IF UNDE	RIYEAR	IF UNDER 24 H
female	white	Sept. 26, 1912	69 69	YRS	DAYS	HOURS M
Jo BIRTHPLACE (STATEOR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	OUNTY OF DE	ATH	
Cumberland	Sacred Heart	ING HOME OR OTHER INSTITUTION ET ADDRESS) Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	ORKING LIFE) INC	USTRY	BUSINESS
	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TO 1egany LaVa1	WN 13d, INSIDE CITY LIMITS? YES NO 3	13e STREET ADDRESS	rive		
14 FATHER'S NAME FIRST Frank Do	MIDDLE LAST	15. MOTHER'S MAIDEN N Carrie B			LAST	
160 WAS DECEASED EVER IN U.S. AI		URITY NO. 17 INFORMANT	ADDRESS			
(YES, NO OR UNKNOWN) (IF YES, GI	217-10-	4175 Mr. Herber	t H. Gross, Cu	umberla	nd.	MdHus
Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PRO	wary school	e Heart des	iasl		
gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOL	UENCE OF SCLASTA DEATH BUT NOT RELATED TO THE TER	Mearl des	ON GIVEN IN I		
gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOL	LENCE OF SCLESSIE	MINAL DISEASE OR CONDITION 200 AUTOPSY? 20		FINDIN	GS USED
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GOVE rise to immediate cause io1, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE AWORD AUGUST OF DE CAUSE	DUE TO, OR AS A CONSEOUR (c) 19b CONDITION FOR WHICE 19b CONDITION F	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET , 19	MINAL DISEASE OR CONDITION 200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN	ON GIVEN IN IN IN IN IT	PART 2)	GS USED OF DEATH? NO STAT that (1) (we)
GOVE rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF ETHER NOTHY MEDIC AL EXAMINE AT WORK 270. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did in 22b. SIGNATURE 272. PHYSICIAN'S NAME (TYPE)	DUE TO, OR AS A CONSEOUR (c) 19b CONDITION FOR WHICE 19b CONDITION F	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET , 19 , ond that in (my) (aur) apinia DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY IN CITY OR TOWN 10 MEDICAL STAFF	ON GIVEN IN I	PART 2) UNITY Tram the c. DATE 5	GS USED OF DEATH? NO STAT that (1) (we) couses states

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

NAME James F. Scarpelli, Cumberland, Md.

Park Cumberland, Allegany, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAND CONTROL OF THE PROPERTY OF THE PRO

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1.	FOR					DEPART	MENT OF		MARYLA 'H AND M		HYGIEN	E O		0 5		6	1
	- STAT	ISTRAR					EXAMIN					and threat	REC	6. NO.			3.4
	DECEAS	ED NAME	FIRST		140	MIDDLE			LAST		200	2s. DATE OF		N MONTH			2b. HOUR
9			John			Amos			Gross				MATEC	m Mar	. 2	1982	6:00
3.	SEX		. RACE	5. DAT	E OF BIRTH	YEAR	6 AGE (IN YE		INDER 1 YR.	IF UNDER	24 HRS.	2c. DATE	E NCED	MONTH	DAY	Y YEAR	26. HOUR
L	Mal		white		ot.lo		87 YI	74101	UK 13	HOURS	MIN.	DEAL	D	Mar	2,	1982	A.M
1 70	BIRTHE	LACE (STA	TE OR	7b. CIT	IZEN OF W	HAT COU	VTRY?	8 MAR	RIED NI	EVER MARK	RIED 🗆	9. BALTIA	MORE CI	TY OR COU	NTY OF	DEATH	Trans.
		Md.			U.S	.A.			WED 😥	DIVOR			All	egany			MD
710		RTOWNC		11. NA	NOT IN SUCH F.	ACILITY, GIVE	JRSING HOMES ()	, OR O	THER INSTITU	UTION	12a. US FOR	MOST OF WO	JPATION RKING LIFE	(TYPE OF WORK	12b K	OR INDUSTI	ISINESS RY
1		mberl			3 Tu	mer	St.			E L	M	echan	ic		1	Auto	
	SUAL RE		F IN NURSING HOME O	ITY			E BEFORE ADMISSE Y OR TOWN	ON)	13d. INSIDE	CITY LIMITS?	13e. STF	EET ADDR	ESS				
		Md.	Alle	egany	7	Cum	MAK		YES 😽	NO 🗆	3	Turn	er S	t.			
114	FATHE	R'S NAME		MIDDLE			LAST		15. MOTH	FIRST MAID	ENNAM	,	MIDDLE			LAST	
1		erry		Bend			ross		M	lary			Marg			Jenki	ns
16	(YES, NO	OR UNKNOW	EVER IN U.S. AR/				CIAL SECURIT		17. INFOR				ADDI		er f	St.	
L		Vo					-34-147	-	Mrsl			nmerm	an	Cumber			
	18	CAUSE OF	DEATH (Enter an	ly ane co	ouse per line	e far (a), (b), ond (c).)	l one	tio H	oant l	Dieer	200			BE	APPROXIMATE	INTERVAL
	4 7	1.11	IMMEDIA"	IE CAUS	DE (0)												
	1	-14	0	(DUE TO, OF	R AS A CO	NSEQUENCE	OF									
	-		s, if any, which to immediate		(b)									0.34		JI LOU	
		lying caus	stating the under-) [DUE TO, OF	R AS A CO	NSEQUENCE (OF.									
-					(c)									CL			1,310
		1 2 DINER SIG	NIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH	BUT NOT REL	ATED TO THE TERM	INAL DISE	ASE OR CONDITIE	DN GIVEN IN PA	ART 1 (a).						
	190	DATE OF C	OPERATION	T	19b. COND	TION FOR	WHICH OPER	ATION	WAS PERFO	RMED?					2.0	AUTOPSY'	
1	19a.														1.7	YES 🗌	NO [X
7	210	EXTERNAL	CAUSE WAS		11 TIME O			21c.	HOW INJUR	YOCCURR	ED (ENTER	NATURE OF IN	VJURY IN ITE	M 18 PART 1 OR	PART 2)	1E3 [J	NOLA
		DERLYING	OR G CAUSE OF I		HOUR A.A	A. MONTH									-,		
		INJURY OF			P.A 21e PLACE	OF INJURY		21f. L	OCATION								
		IILE	NOT WHILE			TORY, FARM,			STREET			CITY OR TO	NWC		OUNTY		STATE
	AT	WORK -	ATWORK								1		-fb				
		22a. I certify	that I taak charg	ge of the	remoins de	scribed ob	ove, held on	Auto	рѕу Ц.	Inspectio	on 🔼	Inquiry	世.	and in my	apınion		
	de	ath resulter	d fram: Natur	ral couse	s 🔀	Accident	L. Su	cide [, Ham	iicide .	Unde	termined m	onner [
			01111	~	1	0	0		TITLE (SPECIFY)						-1.1	00
		TUAL NATURE_	(1)	an)	NO	wi	10		M.D. DE	FPU79	MED	ICAL EXA	MINER	DAT	NED 3	741	06
7	-	MINIERIE		./ 4	1.	۲.				C.						,	
4	(TYP	MINER'S N	T) CO	VA	NNI	, 1	MASTR	4~(ADDRESS.	7/4	che!) HE	Ari	HON	Kin,	r c	UNB.
23	ISPECIE	L, CREMAT	ION, REMOVAL 2	23b. DATE	E	23с.	NAME OF CE	AETERY	OR CREMAT	ORY	23d. LC	OCATION OR TOWN		co	UNITY	SI	ATE
	(m.r.c.a.	Buria		ar 7	,1982	P.	leasant	Gro	ve Cer	mt.	Gur	berl	and	ATTE	rant	r Me	
_	- NAM	RAL DIRECT	OR		ADDRES	404	Decatu			25a. DATE	REC'D. B	REGISTR	AR 258.	REGIS (RAP'S	sle.	THRE	
	Sil	ox-M	erritt F	un'l	Ser.	3	erland		1.	MAK	J	1707	155	A CONTRACTOR OF THE PARTY OF TH			
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1 16	1,	FOR			DEPART	STA		MARYLAI H AND M		HYGIEN	B 2	0	5	1 6	2
10	115	STATE REGISTRAR		M		EXAMIN					TU	REG. NO.			
(10 T)	1. DE	CEASED NAM	E FIRST		MIDDLE	get		LAST		Sec.	2a. DATE KNO	WN D M	ONTH DAY	YEAR	26. HOUR
Make With	1,0	PE OR PRINT)	Arthur		Elwood	4	77				OF ES DEATH MA	LED .	3 16	19 82	23:3
2020g	3. SE	X	4. RACE	5. DATE OF BIRT	ГН	6. AGE (INYE	ARS IF UN	aines NDER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE	MC	ONTH DAY	YEAR	2d. HOUR
N S S S S S S S S S S S S S S S S S S S		Male	White	11 O	8 18	63 v	RS. MONT	HS DAYS	HOURS	MIN.	PRONOUNCED DEAD		3 1	60 82	23:30
A STATE	70. B	IRTHPLACE (S	STATE OR	76. CITIZEN OF	WHAT COU		10	IED X NE			9. BALTIMORE				23.30
AND SERVICE SERVICES	W	est Vir	ginia	U.S.			WIDOW	VED 🗌	DIVOR		Al	legany	7		MD.
AGE 5		ITY OR TOWN		11. NAME OF H	OSPITAL, NU	JRSING HOMI	E, OR OTH	ER INSTITU	NOIT	12a USU	JAL OCCUPATION	ON (TYPE OF Y	VORK 12b. KI	ND OF BUS	SINESS
902 HW		umberla		Sacr	ed Hea	rt Hos	pita	1		В	rackemai	a		essie	
D. 21201 IF ANY DEL 2, AND 3 TO 3. RETAIN P 1 RECORD	13a. S	AL RESIDENCE STATE	(IF IN NURSING HOME (OR OTHER INSTITUTION		E BEFORE ADMISSI	ION)	had INSIDE C	TTY LIMITS?	II3e STR	EET ADDRESS				133
# AND PROPERTY		WV	Mine	eral		yser		YES 🗌	NOX	R	t. 2, B	ox 216			
ATH. ATH. SS1, 2, SND SSND SSND SSND SSND SSND SSND SSND	14. F	ATHER'S NAM	E	WIDDIE		LAST		15. MOTH	ER'S MAID	EN NAME	MIDDLE			LAST	
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TIMOR TER DE FORM SES I A ON OF	16a.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFOR	MANT		AE	DDRESS		2	6726
Z ZZTUS		Yes	World	WAR OR DATES)	218	-07-60	71	Ruth	G. F	Haine	s, Rt. 2	2, Box	216,	Keys	er.WV
URS 8 GI		18. CAUSE C	F DEATH (Enter on	ly ane cause per l	ine fa <u>r</u> (a), (b), and (c)	,		1	11_	,	_	I A	PPROXIMATE	INTERVAL
ON ST 24 HOU ITEM 1 IONG LONG PERMI SIENE, VAL.		PARTIDE	EATH WAS CAUSE	D BY: TE C AUSE (a)	ac	ule	my	ocak	dial	I	wares	Tion	881	WEEN ONSET	AND DEATH
PRESTON ITHIN 24 CIL IN ITE VER ALON ANSIT PEI ALHYGIE REMOVA		410	0	DUE TO,	OR AS A SOI	NSEQUENCE	OF U	W			1			4.5	
W. PREST WITHIN S WINER AL MINER AL TRANSIT NTAL HYO			ns, if any, which		with	Pu	lin	nuce	64	Ede	wa.				
OR TREE		cause (a) stating the under-		OR AS A CON	NSEQUENCE (OF	V	0	CCC					
XECUTED VG" IN PRAIL EXAV		lying car	use last.	(6)											
WECU AGE II		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO GEA	TN BUT NOT REL	ATED TO THE TERM	IINAL DISEAS	E DR CDNOITIO	N GIVEN IN PA	ART 1 (a).					
RECORDS D BE EXE ENDING MEDICA AS A BL CREMA-I	Z														
F VITAL RECORI TE SHOULD BE ED WORD "PENDIN HE CHIEF MEDIC D BE USED AS A ENT OF HALITH.	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	RATION W	AS PERFOR	MED?				ZD. /	AUTOPSY?	
A STANSIE	Ĕ													YES 🗆	NO 🗆
CATE SI THE CALL OF WILL OF WILL OF WILL OF BUT TO BUT	1 2		AL CAUSE WAS		OF INJURY		21c. H	OW INJURY	OCCURRE	ED LENTER	NATURE OF INJURY IN	ITEM 18 PART			NO L
ION OF THEICATE TO THE HOULD HOULD HOULD		UNDERLYING	G □ OR NG □ CAUSE OF I		.m. month	DAY YEAR	3								
CERTIFIC CERTIFIC TING TH DED TO 3 SHOU DEPART	MEDICAL	214 INTURY	OCCUPPED	21e PLAC	E OF INJURY	(AT HOME.		CATION							
DIVIS IIS CERT VRITING VRITING VRITING VRITING CE 3 SI CE 3 SI CE 201 PR	2	WHILE L	NOT WHILE C	STREET, F.	ACTORY, FARM, E	ETC.)	5	STREET			CITY OR TOWN		COUNTY		STATE
RE, VER STA										I	ris.		2241		
A F S S S F S			fy that I took charg			ove, held an	Autop	sy L.,	Inspectio	n 🔼 .	Inquiry .	ond in	my apinian	1/1	
RYL RYL		death result	ed fram: Natur	ral causes ,	Accident	NL. Su	icide	, Hamic	cide	Undete	ermined manner	L.,			
A VECTOR		ACTUAL	150	A NIA ATT	1	0180-		TITLE (S	PECIFY)	-			ATE -	7-17	-02
SHE SHE	1	SIGNATURE.	1.100	victa co	-	CVV	M	.D	eruci	MED	ICAL EXAMINER	S	IGNED_	, 11	00
NO N		EXAMINER'S (TYPE OR PRI	NAME	Frani	015/1	Re	VIEC		1 6	ano	Goto	N.	A	a. Ja.	1
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	12a D					110	100	ADDRESS_		700	16101	1 11.	Luni	wyan	a just
				3b. DATE		ps Crei				CITY	CATION	2009	COUNTY	STA	
BP	74 F	Cremati	on Keith	3/18/82 S. Shaf		20 01 61	III OT C				nchester REGISTRAR 125		deric		a.
DHMH-17					rre	M-2- 0	L 13	awv.	JO. DAIL	KEC D. BY	KEGISTRAR 23	J. KEGISTRA	R'S SIGNAT	Marc	Are
(VR A15 ME (5)) 15M 2/80		snaffer	Funeral	nome, 2	50 L.	main 5	LO HC	mey,		WK Z	2 1987	Man	Un from	100	poly de-

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If Hem 21 is morked or Hem 18 show

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPARTA		ICATE OF DEAT		ENE G. NO	0		
	1. DEC	CEASED NAME FI	IR5 T	MIDE	DLE	1	IAST			MONTH	DAY YEAR	2b HOUR
	3 SE)	LORE	14 RACE		ABETH	H S. DATE C	ANLIN		MARCH 21,		IF UNDER 1 YEAR	8:10a M
		Female		White		July			52	MONTHS DAYS	HOURS MIN.	
7		RTHPLACE (STATE OR FORE- COUNTRY) Germany		JS ^A	AT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARR	IED 🗆	9 BALTIMORE CITY O			MD.
2		TY OR TOWN OF DEATH Cumberland	(181)	SAC	RED HEA	ADDRESS)	SPITAL	ION	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Health De	F WORKING LI	126 KIND (INDUSTRY	OF BUSINESS OR
5	130. S M o	d. G	COUNTY COUNTY		E RESIDENCE BEFORE CITY OR TOW Kitzmil	N	13d. INSIDE CITY LI YES X NO		13e STREET ADDRESS Main St.			
1	14. FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAI		E MIDDLE		LA	.51
1	14 24	Henriche			erts		Marie				rts	
			J.S. ARMED FO FYES, GIVE WAR OR	DATES)	SOCIAL SECU		17. INFORMANT		ADDRE		M-1 O	1 500
-		NO 18 CAUSE OF DEATH (E				094	Rebert H	anlir	1 Kitzmil	ler,		1538
	ON	Conditions, if ony, who gove rise to immedicause (a), stating underlying cause in PART 2 OTHER SIGNIFICATION (CONTINUED IN 1997).	hich iote the ost.	(b) E TO, OR A:	SA CONSEQUE	NCE OF	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CONF	DITION GIV	EN IN PART I	grs
7	CERTIFICATION	19a DATE OF OPERATION	196	CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND! YING CAUSES	NGS USED S OF DEATH?
		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	TIME OF INDUR A.M. P.M.	NJURY MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 F	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		PLACE OF HOME STREET,	INJURY FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this saw the deceased a above, (1) (we) (and)	live on	3/2	-1 19 8	-		opinion de	eoth occurred on the do	ote and hou	r and from the	
		226. SIGNATURE	Dan	1	no	2		DING CIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED
		22d. PHYSICIAN'S NAME	S P (998	E	nD	BMG- 912	SETO	ON DRIVE. C	:UMBER	LAND.	MD 21502
	23a B	URIAL, CREMATION, REM	AOVAL 236. D	ATE			EMETERY OR CREM		23d. LOCATION		COUNTY	STATE
		Burial INERAL DIRECTOR	3-	24-82	IC	OF Ce	emetery	25a DATE	Elk Garder		eral	W.Va

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etoined by the hospitol

BURDOCK HOME

P.O. BOX:00RES:523 KITZMILLER, MD 21538

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Alterlier, no. 21536	ntimal drades	Lower		
xtal, commune, in the			112	

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CEIVIII	ICAIL OI	PENIII		REG. NO.				
	CEASED NAME	FIRST		MIDDIE	L	AST		2a. DATE O	F DEATH MONT	H DAY	YEAR	26 HOUR	?
(1114)	OR PRINT)	ANNA	CA	ROLINE	HAF	RE		2.2	MARCH 28	3, 198	2	6:34	PM
3. SE	X		4 RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 2	4 HRS
	FEMALE		WHI	TE	Dec	30,	1907		74	YRS.	DATS	HOURS	MIN.
	RTHPLACE (STATE C	OR FORE IGN	. 12	WHAT COUNTRY?	8 AAA DDIE	NEVER	MARRIED -		DRE CITY OR CO	UNTY OF D			
Υc	nkers,	N.Y.	USA		WIDOWE		ONORCED	Al	legany	, Mar	yla	nd	MD.
	ITY OR TOWN OF D		(IF NOT IN SUC	HOSPITAL, NURSII	ADDRESS)	OR OTHER IN	STITUTION		OCCUPATION EMAKER			ESTI	
_	UMBERLAND			IAL HOSP				HOM	EMAKEK		DOM.	E211	U
T3a S	W. VA.	MO	RGAN	13c. CITY OF TOY		13d INSIDE YES K	CITY LIMITS?	13e. STREET	ADDRESS Postma	aster	25	411	
4. FA	THER'S NAME		MIDDLE	- LAST		15. MOTHER	R'S MAIDEN NA	WE	MIDDLE		LAC	ST	
	STANLE	Y		ZORÎCH			Emily				La.	kin	
	ES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17. INFORM			ADDRESS		Pa	w Pa	w.v
	NO			232-94	-991	PRobe:	rt E. I	Hare,	c/o Po	ostma	ste	r 25	434
	18 CAUSE OF DEA	ATH Enter or	ly one couse per	line for (a), (b), or	nd (c).)				7	2	BETWEEN	IMATE INTERV	AI E ATH
XII	1/ 1/ A		TE CAUSE (a)	Card	2011	rles	nonen	A	vect.	_			
	4140		DUE TO, O	R AS A CONSEQU	ENCE OF	0		1					
	Conditions, if or		(b)_	AL	H	0		- 10 PS/					
	gave rise to i		DUE TO O	R AS A CONSEQU	ENCE OF				0		-		-
	underlying cou	ise lost.	(()	6-0	86	1/5	De 8	2/2	Larer	2			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
O													
MEDICAL CERTIFICATION	190 DATE OF OPER	DATE OF OPERATION 196 CONDITION FOR WHICH			OPERATIO	N WAS PERF	ORMED	200 AUTO		IF YES, WEI CERTIFYING YES [
CER	216 ACCIDENT WAS U				AY YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER NA	ATURE OF INJURINITE	EM IB PART I C	R PART 2)		
CAL	(IF EITHER NOTIFY ME			M.	19								
VED	21d INJURY OCCU		21e PLACE (OF INJURY BET, FACTORY, OFFICE, I	FARM FIC 1	211. LOCAT			CITY OR TOWN	C	OUNTY	51.	ATE
<	AT WORK NOT	WHIIE VORK			, , , , , ,								
	22a. I certify that	(I) (this hospi	tal) attended the	e deceased from_			. 19	, to		, 19		that (I) (w	e) lost
	sow the decer obove, (1) (we	osed plive on (did) (did no	ti view the body	ofter death	., 0 n	d that in (my	r) (aur) apinion o	death occurre	ed on the date on	nd hour and	from the	couses stat	ied
10	226 SIGNATURE	0	0.0.	l _e ;		DEGREE 1		4		2	12c DATE	SIGNED	
	1	ala	11	Sund	1	an	PHYSICIAN	MEDICAL DIRECTOR	PHYSICIAN		3/3	18/8	61
	22d. PHYSICIAN'S	ME (TYPE O	RPRINT	1	2	22e ADDRE	SS 600 M	MEMOR I	AL AVENU	E	1	1	
	DR. ST	ANSBUR	RY				CUMBE	RLAND,	MARYLA	ND 2	1502		
	URIAL, CREMATION	N, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR	CREMATORY	23d LOC/					
(Bur	ial	4/1/	1982 C	amp I	Hill	Cem.	Paw	Paw,	(Morg	gan)	W.V	Ä.
10	Elhos	in	Berk	eley:Sp	rings			HC.S. BA E		ESISTRAR			
-						2541	1						

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban papel with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

MPORTANT: If Hem 21 is marked ar Hem 18 shave

AVSCH 82, 1965 - 2:5) B		IN JUNE 3	ANIA
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GOS CTHORN AVIOUS 21502

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTI	FICATE OF DEATH	REG	, NO.			
	CEASED NAME FIRST	4-11-11	WIDDLE		LAST	2a. DATE OF DEATH	H MONTH	DAY YEAR	26 HOU	R
	GENEVIE	E MAR	GARET	HAR	TMAN	MARCH 13.	1982		5:10) A _M
3. SE	X	4. RACE			OF BIRTH	6. AGE LIN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER	
	Female	White		May	2, 1917 YEAR	64	YRS	MONTHS DAYS	HOURS	MIN
Ja. B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D ENEVER MARRIED	9 BALTIMORE CIT		OF DEATH	1	
150	West Virginia	USA		WIDOW		ALLEGAN	Y COUNT	TY		MD.
	Cumberland	(IF NOT IN SUC	HOSPITAL, NURSING HEART HO	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b. KIND C	F BUSINE	
13a.	AL RESIDENCE (IF NURSING HOME OF STATE BY COUN CEST Virginia Mi	OTHER INSTITUTION		ADMISSION)	138 INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRES	Route,	Box 13	5	
14 F.	Joseph L.	Hughes	(AST		15 MOTHER'S MAIDEN NA		S	LAS	5T	
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES?	166 SOCIAL SECU	rity no.	Mrs. Ruth A			ort As		. Va
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAL	nly one couse per D BY: [E C AUSE (o)	line for 19), (b), one	nonte	i , met				MATE INTERVONSET AND I	VAL DEATH
7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OI	r as a conseque	NCE OF						
NOI	PART 2 OTHER SIGNIFICANT O	asents	ONTRIBUTING TO E	ASSA	NOT RELATED TO THE TERM	INAL DISEASE OR CO	11	EN IN PART 1	0,	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO SY?	IN CERTIF	, WERE FINDIN YING CAUSES S		H?
MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM 18 PA	ART (OR PART 2)		
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OF	RIOWN	COUNTY	\$1	TATE
	22a I certify that (I) (this hospi saw the deceased alive on		10	01	nd that in (my) (our) opinion	, to death accurred on the		ond from the		
	276 SIGNATURE EUR	· A	usa	ma	DEGREE ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN []	3/15	SIGNED	2
	THE PHYSICIAN'S NAME ITEMS		0		22e. ADDRESS				1	
	BMG Dr. George	Breza,	M.D.		BMG, 912 SE	TON DRIVE.	CUMBER	LAND.	MD.	2150
23a. l	BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	Burial	3-16-	1082 50	mt An	hhur Cometemi	CITY OR TOWN	alabar II	COUNTY	ST	TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

> 3-10-1982 Fort Ashby Cemetery
> 108 VA. AVE.
> SCARPELLI FUNERAL HOME CUMBERLAND, MD. 21502 24 FUNERAL DIRECTOR

21502 AR 1 1982

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			graphy transport
TO A SECURITION OF THE PARTY OF	alm	. G. A. Leannell, March	gyr Ur. Tier
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 7h HOUR MARCH 30, 1982 03:00 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY. 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY none Rt 2 box 173 Krause Mrs. Diana Hanlin Rt 2 box 173 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 3-30-82 PHYSICIAN DIRECTOR PHYSICIAN 925 BISHOP WALSH RD., CUMBERLAND, MD 21502 Fbg. Memorial Park Frostburg Allegany Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S LIGHARDER

57 FROST AVE., FROSTBURG,

DHMH - 16 50M 1/81 (VRA 15, 4)

DURST FUNERAL HOME

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO. 1. DECEASED NAME (TYPE OR PRINT) HERMAN MCKINLEY HOOK 3. SEX 4. RACE White White White To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania REG. NO. 120. DATE OF DEATH MONTH DAY YEAR MARCH 30, 1982 15. DATE OF BIRTH MONTH DAY YEAR MARCH 22, 1915 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR MONTHS DAY MONTHS DAY Pennsylvania WIDOWED D NEVER MARRIED X Allegany Allegany	
Male White March 22, 1915 67 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S BALTIMORE CITY OR COUNTY OF DEATH	
COUNTRY) MARRIED NEVER MARRIED X	
	MD
CUMBERLAND MEMORIAL HOSPITAL (1746 OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBLE Sa.	of Business or lvage Co.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS Valley Road	
Isaac M. Hook	LAST
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-12-9169 Mrs. Dorothy L. Hook	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	NONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART COV DUM ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 107 IN CERTIFYING CAUSI YES NO	DINGS USED
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214. INJURY OCCURRED 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218. THE CONTRIBUTION OF THE PART 2 OR PA	
220. I certify that U (this hospital) attended the deceased from 3/20/1, 1982, to 3/30/2, 1982 sow the deceased alive an 3/20/2, 1982, and that in (pry) (our) opinion death occurred on the date and hour and from the obove, (I) (wee) (did1 (did not) view the blady after death.	, that U (we) last

22d PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DR. A.S. NATHAN

MEMORIAL HOSPITAL MEDICAL BUILDING

30. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
Burial	Apr. 2.1982	Fairview Cometery	Near Inglesmit	h. Pa.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

18 shov

MPORTANT: If Item 21 is

James F. Scarpelli, Cumberland, Md.

APR 6 1982

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-1982 Dorothy E. Hughes 9á M DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 82 June 12,1916 March 15 Female White 65 DEAD FUNERAL D PRESTO WITHIN 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY! Maryland USA Allegany DIVORCED WIDOWED 201 W. B. GIVE PAGES 1, 2, AND 3 TO THE FI WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF WIAL RECORDS, 201 W I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT, IN SUCH FACILITY, GIVE STREET ADDRESS)
451 N. Waverly Terrace OR INDUSTRY Cumberland Housewife Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Cumberland YES X N. Waverly Terrace 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Fayette E. Carder Mary Emerick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO LIE YES TOWN WAR OR DATES! no Mr. Elmer L. Hughes, Cumberland, Husband 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Coronary Heart Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PARE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Mitral Valve Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUE EXECUTE THE CERTIFICATE, WRITING THE WORD.
PAGE 4 SHOULD BE FORWARDED TO THE CHIE
TO FUNERAL DIRECTOR, FAGES SHOULD BE US.
TO FUNERAL DIRECTOR, FAGES SHOULD BE US.
AFTER DEATH, WITH THE STATE DEPARTMENT OF AFTER DEATH, WITH THE STATE DEPARTMENT OF AFTER DEATH. YES NO PA 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 229 I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant 3-15-1982 SIGNATURE MEDICAL EXAMINER Deputy Dr. Paul Snow M. D. EXAMINER'S NAME Memorial Hospital, Cumberland, Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION STATE Burial 3-18-1982 Restlawn Mem. Gardens La Vale. Allegany. BP RES'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR James F. Scarpel Tis Cumberland. Md. Many **DHMH-17** (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OR PRINTS **FMMA** BELL JESSIE MARCH 13, 1982 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH Female Black 19.1901 Jan BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED W. Va. ALLEGANY COUNTY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION SACRED HEART HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) Cumberland JOUAL RESIDENCE (IF NURSING HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 3c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS W. Va. Mineral Kevser YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Meredith Gracie Mason 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 1484 Stephanie Jones 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 4SOVD Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOIL 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE IAN 22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 12 MAR above, (1) (Ne) (8d) (did not) view the body after death 22b. SIGNATURE

Homemaker W. Piedmont St Edmondson Keyser. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) CITY OR TOWN COUNTY STATE TO MAR and that in (my) (but) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 3-13-92 PHYSICIAN DURECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT! 22e ADDRESS L. MICHAEL GLICK, M.D. BMG, 912 SETON DRIVE, CUMBERLAND, MD. 21502 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Keyser Mineral W.Va Potomac Mem. Gardens Burial 24 FUNERAL DIRECTORAILA ROTUACK85 S. MAIN STREET 250 DATE REC'D. BY REGISTRARDA. REGISTRAR'S SIGNATURE ROTRUCK FUNERAL HOME KEYSER, WV.

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DHMH - 16 50M 1/81 (VRA 15. 4)

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		CEASED NAME OR PRINT)	TIMOTH		ARD (JOHNSO	N .	MARCH 14,		DAY YEAR	26 HOUR 10:45AJ
	3. SE	Male	1	ACE White		S. DATE C	OAY YEAR	6. AGE IN YEARS LAST B	23 YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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0		THER'S NAME FIRST James:		homas		on,Jr	IS. MOTHER'S MAIDEN NA	MIDDLE		Ke;	yser
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	M	PART I. DEATH W	AS CAUSED BY IMMEDIATE C.	ne cause per : : AUSE (a)	lige for 191, 161, or	ty an	d septie sh	orb		1. /	MATE INTERVAL ONSET AND DEATH
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		22a I certify that (I) saw the decease	d alive an.	3//	4 194	e on	d that in (my) (our) opinion	death accurred on the d	ote and hou	19 or and fram the	that (I) (we) last causes stated
		226 SIGNATURE	1.	Sef	سعا	M	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE :	SIGNED
		GARY WAG	1/				925 BISHOP			ERLAND,	MD.
	23a B	URIAL, CREMATION, F SPECIFY) Buria		Mar 1			METERY OR CREMATORY emorial Park	23d. LOCATION CITY OR TOWN Cumberla	nd Al	COUNTY I	STATE Mary and
		INERAL DIRECTOR	40		404	DECATU	R STREET 250 DAT		25b. REGIS	IRAR'S SIGNAT	URE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN IN MONTH 5: 00 (TYPE OR PRINT) ALLEN FRANCIS JONES DEATH MATED XX 3/24 1982 AN 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 71 HOLD FUNERAL DIRECT S FOR YOUR D, WITHIN 72 H LAST BIRTHDAY) PRONOUNCED 1982 WHITE DEAD 3/24 MALE 11/11/01 Ta BIRTHPLACE (STATE O CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A ALLEGANY MARYLAND WIDOWED DIVORCED 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINGS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY B. MAIN STREET OWNER -OP ERATOR FROSTBURG AND 2 SHOULD BE FAULTAIN RECONSTRUCTION OF THE PROPERTY OF THE CONFECTION-ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 185 E. MAIN STREET FROSTBURG 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDLE AND GEORGE JONES FRANCES MASTERS DIVISION OF ADDRESS FROSTBURG .MD. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES NO OF UNKNOWN) 220-10-8562 MISS MARGARET JONES. 84 FROST AVE. 18. CAUSE OF DEATH (Enter anly ane couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMITOR DE HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION ARTING THE WELL CHIEF MARTING THE WELL CHIEF MARTING THE CHIEF MARTINE THE DEPARTMENT OF HEAT OF TO BURILL COMMENT OF THE DEPARTMENT OF TH 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES [210 EXTERNAL CALISE WAS 216. TIME OF INTURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME, 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FIC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 22a I certify that I taak charge of the remains described obave, held an Autopsy Inspection and in my opinion Homicide Suicide Undetermined manner NICHOLAS GIARITTA. M.D. EXAMINER'S NAME SETON DRIVE, CUMBERLAND, MD. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE CITY OF TOWN BURTAL FROSTBURG MEM. PARK BP FROSTBURG ALL BGAN 24 FUNERAL DIRECT 60 W. MAIN ST. **DHMH-17** FROSTBURG (VR A15 ME (5) 15M 2/80

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BURIAL 9/26/82 FROSTRURG MEM, BARK FROSTRURG, ALLEGARY, MD.

TOTAL STATER, A.D.

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FD = 호류	3. SEX	(4, F		5. DATE OF BIR			EARS IF UNE	DER I YR. IF UI	NDER 24 HRS		- 14	HTMOM	DAY YE		
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E SEE HES		UNDERLYING	ZKOR	HOUR A	M. MONTH	DAY YEAR	R	W INJURY OCC			Y IN ITEM 18 PAI	RT I OR PAR	[2]		
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN, PAGE 10 TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN, PAGE 15 THE PATER DEFINED THE STATE DEPARTMENT OF HEALTH AND MEDICAL IN THE HYGIEIN. DIVISION OF CAUTAL RECORDS, 2011 BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	CONTRIBUTING	Append and a second a second and a second an		E OF INJURY	2019 8		II into	stream	m					
S CERTIFICATE SHOULD STREET SHOULD STREET SHOULD BE USED TO THE CHIEF SES 3 SHOULD BE USED TO SHOULD	MEC	WHILE N	OT WHILE T	STREET, F	ACTORY, FARM, E		211. LOC			CITY OR TOWN		COU	NTY	STATE	
WAR WAR		AT WORK A	TWORK	s	tream		Madd	ock Run		LaVale)		legany	Md.	
ATE, DORV		22a I certify th	ot I took charge	of the remains	described abo	ove, held on	Autopsy	X Inso	ection .	Inquiry [in my opi			
ANDER STAN		death resulted for		I causes .	Accident		ricide .	Homicide		termined manr		, 0 p			
EERT WILL E		Company of the Compan	1	vance of	0-			TITLE (SPECIF							
ALE CALL		ACTUAL SIGNATURE	1	MAD	DA	1	78.10	Assist		DICAL EXAMIN	IED	DATE	3/2	5/82	
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THE THE STATE OF T	-	EXAMINER'S NA/ (TYPE OR PRINT)	ME A	nn M. D	ixoń,	M.D.	. Al	DDRESS	III P	enn St.	Ba	alto.	., MD.		
DAY DE A	23a. B	JRIAL, CREMATION	N, REMOVAL 236	DATE	23c. 1	NAME OF CE			23d. L	OCATION OR TOWN					
BP	(5	Burial		3/27/82	R	est La	um Mar	n. Garde	CITY	La Vale	Md.	COUNT	.7₹	STATE	
DHMH - 17	24. FU	INERAL DIRECTOR	?			V.V. IVA	THE MIST	25a. D		Y REGISTRAR	25b. REGIST	RAR'S SH	GNATURE		
A15 ME (5))			. Hafer	Jr ADDR	La Val	0 44			MAR ?	3 0 1092	71	2	(a: 9%	There	
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO.		
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		Male		4. RACE White		July	7 27, DAY 1947 AR	6. AGE (IN YEARS LAST E		IF UNDER 1 YEA	
1	Cu	RTHPLACE (STATEOR COUNTRY) mberland, M	ld.	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	Allegany		OF DEATH	M
Į	C	UMBERLAND		(IE NO WEAR	TOR TALL HOS	G HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Mechanist	OF WORKING LIFE		
5	Ma	AL RESIDENCE (IF NURS	13b COUI		GIVE RESIDENCE BEFORE Cumberla		13d. INSIDE CITY LIMITS?	950 Bedfo	rd St.		
]	Derl FIRST		MIDDLE	Keller		Rella FIRST	Blacka		ller	LAST
	16a V	VAS DECEASED EVER		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Judith L. Ke	eller 950	RESS Bedford	St.	(Wife)
	7	underlying cause	mediate ng the last	(b)	r as a conseque	NCE OF	Brimery (Com Colon	ndition Give	N IN PART	1ta
7	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ING CAUSI	DINGS USED ES OF DEATH?
	MEDICAL CER	71a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHY MEDII 21d. INJURY OCCURR WHILE (NOT WHAT WORK AT WORK AT WORK	CAUSE OF DEC CALEXAMINE	HOUR A. P. 21e PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	19	21t. HOW INJURY OCCUR 21t. LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	
		220.1 certify that (I) saw the decease abave, (I) (we) (c 22b, SIGNATURE	ed alive on		19	01	, 19 nd that in (my) (aur) opinian DEGREE ATTENDING	MEDICAL ST	date and hour	and from th	that (I) (we) last the causes stated
		DR. KH	EDER	ASHKER		M	PHYSICIAN (DIRECTOR PHYS	TAL MED	1CAL 215	BUILDING 02
	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			

230 NAME OF CEMETERY OR CREMATORY

Hillcrest Burial

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is

Burral

James F. Scarpelli, Cumberland, Md.

3-22-82

Cumberland Allegany Md.

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			arta II in the	22462		int zerl
			John Branch			

X	1	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG	REG. NO.	0 3 .	
th th		CEASED NAME FIRST Sara		F	K	erns	20 DATE OF DEATH MONTH	18 82	SHOUR P
ge 4 mo)	3 SE	Female	4 RACE Whit	e	5. DATE O	DF BIRTH 11 13°, 1888	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
Geath. Po	7a. B	RTHPLACE (STATE OR FOREIGN VIrginia	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMORE CITY <u>OR</u> COL Allegai		
rs offer o		Cumberland	Combes	HOSPITAL, NURSIN	G HOME	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	12b. KIND C	of Business o
nin 24 hav Iy filled In Sho III In	M	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	DROTHER INSTITUTION JUSTY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Cumber	N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 803 Bedfor		
omplete omplete ond 2		James Fo		LAST		15 MOTHER'S MAIDEN NA. FIRST Sidney	Mc Kee	LA:	ST
be exect on ond s. Pages	n	0	SIVE WAR OR DATES)	166. SOCIAL SECU		Mrs. Helen S	ADDRESS Seiler, Cumberl		
the death certificat the attending phys remove corbanpop emotion, or removo er troumotic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA 4360 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF			BETWEEN	MATÉ INTERVAL ONSET AND DEAT
he low requires that an, has been signed by t permit. Then please ene prior to burial, or ows any injury, or oth	CERTIFICATION		Hyn	xic.		NOT RELATED TO THE TERM	200 AUTOPSY? 20b. I	F YES, WERE FINDING CAUSES	NGS USED
ATTENDING PHYSICIAN: The spate of autending physicial or attending physicial CTOR: After this certificate for use as the buriel-transit of Health and Mental Hygies.	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a-1 certify that (1) (this has saw the deceosed alive o obove, (1) (we) (did) did)	P.A. 2 is. PLACE C (AT HOME, STRI	M. MONTH DA A. DE INJURY SET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET d that in (my) (our) opinion of	CITY OR TOWN	(OUNTY	STATE that (I) (we) I
TO HOSPITAL OR A retained by the har TO FUNERAL DIRE should be deteched with the State Dept IMPORTANT: If hen	230	226. SIGNATURE 22d. PHYSICIPE SNAME IN A SURIAL, CREMATION, REMOVA			NAME OF C	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN [3/2. Carebe	ela-
BP DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director NAME James F.	3-22-1 Scarpell			wn Memorial Pa		Virginia GISTRANS LIGNAS	STATE ORE: 6

STATE OF MARYLAND

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		and Arthur	

	1	FOR - STATE REGISTRAR		DEPARTA	STATE OF MAR MENT OF HEALTH AI CERTIFICATE O	ND MENTAL HY	GIENE 8 2	0	5 4	11
- France		CEASED NAME FIRE OR PRINT)	RST /	AIDDLE	LAST	2017,01	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		Joh		L.	Kidwell	SOUTH		03 07	82	1:25 am
	3 SE		4 RACE		5. DATE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Derigo.	9. D	Male IRTHPLACE (STATE OR FOREN	White	WHAT COUNTRY?	09 2		75	YRS.		
Z2 h	70. D	COUNTRY)		WHAT COUNTRY?	MARRIED MEV		9. BALTIMORE CITY C			
within ied of	10 C	Mary land ITY OR TOWN OF DEATH	U.S.A		WIDOWED THER	DIVORCED	Allegan			MD. F BUSINESS OR
		Frostburg	Frost	burg Comm	aunity Hos		OWNET - M	OF WORKING LIFE)	INDUSTRY	BOSINESS ON
ly filled in by the should be filed in the f	13a	AL RESIDENCE (IF NURSING P STATE 13b	COUNTY Allegany	13t. CITY OR TOW	N 113d. INSIE	DE CITY LIMITS?	13e STREET ADDRESS 163 Gree	en Stre	et	
2 sh	14 F	ATHER'S NAME	MIDDLE	LAST		ER'S MAIDEN NA	AME	0010		
s I and 2 sha	1	John	MIDDLE	Kidwell		Gracie	MIDDLE		Jane	
Poges 1		VAS DECEASED EVER IN U	VES. GIVE WAR OR DATES	166 SOCIAL SECU	RITY NO. 17 INFO	RMANT	ADDR	ESS		
		Unknown		214-01-	-3732	Frostbur	g Community	Hospit		
physicion on papers. emoval. event, the		18 CAUSE OF DEATH (E)	nter only one couse per	line for 19 16 on	le ora	1) ' 0		BETWEEN O	NATE INTERVAL NSET AND DEATH
pon promise rem			MEDIATE CAUSE (0)	- were	The Corp	an t	online		ma	ny
e cor on, or		1627	DUE TO, OF	AS A CONSTOUR	NCE OF				200	ullis
e off		Canditians, if any, wh gove rise to immedia	ate)	Ca	eura				700	- Cus
d by the			ost (E	Poss	pearing	court 1	yass lye	· lems		
Then plants to bur injury.	NOI	PART 2 OTHER SIGNIFIC	My and conditions co	NTRIBUTING TO E	11-0. CH	TED TO THE TERM	WINAL DISEASE OF CON	DITION GIME	IN PART 11a	
s been prior prior	CERTIFICATION	19a. DATE OF OPERATION	1 196 CONDI	TION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING	GS USED
nsit pe	T E						YES NO	YES [NO [
50 0 £ 8		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		FINJURY M. MONTH DA	Y YEAR 21c. HOV	V INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
certifi unial-t Aentol	MEDICAL	(IF EITHER NOTIFY MEDICALE)			19 211 100	ATION				
After this e os the bu	MED	WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	DE INJURY EET, FACTORY, OFFICE, F		ATION TREET	CITY OR TO	WN	COUNTY	STATE
Use of leolt se mo		220.1 certify that (I) (this	hospital) attended the	deceased fram	2/2	180			2	hot (I) (we) last
CTO I for of the		sow the deceased of obove, (I) (metadid) (dd not) view the body	offer deoth.	2, and that in (my) (aur) opinian	deoth accurred on the d	ate and haur a	nd from the c	ouses stated
DIRE ochec Dept If Iten		22b. SIGNATURE	811	-	DEGREE	ATTENDING	MEDICAL STA		22c DATES	IGNED
	-		004	melly	MO	PHYSICIAN	DIRECTOR PHYSIC		011	182
TO FUNERAL should be deti		22d PHYSICIAN'S NAME	indhir, M.D		22e. ADD		errace, From	rthura	Md	21532
should be with the	23a.	BURIAL, CREMATION, REM			IAME OF CEMETERY		123d LOCATION	s cour q,	riu .	C 1 3 7 C
P	9	Burial	3/10/8		khart Ceme	+	Eckhart	Tegen	V Marve	1 and
H-1650M1/81	24 F	UNERAL DIRECTOR				TO ALMA	TEDEO DE REGISTIAN	NEREOISTRA	R'S SIGNATU	IRE
(VRA 15, 4)	-	Ourst Funeral		Frost	. e	7 -4				

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DHMH - 16 50M 1/81 (VRA 15, 4)

with the state dept. On recommendaring grene prior to borior, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical examine (med. be fatilled at entering the partial or and any injury or other troumatic event, the medical examine (med. be fatilled at entering the partial or any injury).

	EGISTRAR ASED NAME FIRST				EALTH AND MENTAL HYG	IENE SP 64	U	2	, 0
		M	DDLE		AST OF DEATH	REG. NO	D.	AY YEAR	76 HOUR
SEX	CALVIN	STI	CKLEY	LAME	BERT	MARCH 27,	1982		1:05 A
	Male	4. RACE white		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) I	FUNDER I YEAR	IF UNDER 24 HRS
Ma	HPLACE (STATE OR FOREIGN	U.S.A	•	WIDOWE		9 BALTIMORE CITY OF		OF DEATH	M
Cun	or town of DEATH	SACRI	ED HEART	HOSP]	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Ret. Dry Cl	WORKING LIFE)	INDUSTRY	F BUSINESS OF
West	t Virginia Min	VIY	ive residence before 13c. CITY OR TOWI Piedmont	N 1	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 51 Jones S	t.		
Го	prenzo		bert		15. MOTHER'S MAIDEN NA/ FIRST Nellie	MIDDLE		phy LAST	
(YES !	S DECEASED EVER IN U.S. AR NO OR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	232-01-1		17. INFORMANT Christa Ch	nesnire We		port, I	Ma,
NOI PA	couse (o), stoting the inderlying couse lost. ART 2 OTHER SIGNIFICANT (DUE TO, OR	repoir	-8	NOT RELATED TO THE GERM	INAL DISEASE OR COND	20b. IF YES,	N IN PART 110 WERE FINDIN	IGS USED
	IQ. ACCIDENT WAS UNDERLYING	4131	. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES SECTION NATURE OF INJUR	YES		но 🗆
210	d. INJURY OCCURRED VHILE NOT WHILE WORK	21e PLACE O			.21f. LOCATION STREET	CITY OR TOV	VΝ	COUNTY	STATE
220	sow the deceased alive on above, (1) (we) faid) did no	Mond	2/2 10	100	d that in (my) (our) opinion o	to Marks.	te ond hour		that (1) (we) los couses stated
226	6. SIGNATURA	n4	B	2	ATTENDING PHYSICIAN	MEDICAL STAF		22¢ DATE	SIGNED
	a madenina de de	R PRINTI		()	22e ADDRESS				
	SHIN KIM, M.D			1	90 MAIN STRE	ET, WESTERN	PORT,	MD. 2	1562

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Items 18c. Film#G566

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		187 1980K J83		CUMBERLAND
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. 20.18	MOSPITAL MEDICAL	JALBOUSH HART	DUMAS MAKE	DR. MAGARA

STATE OF MARYLAND	3
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	

5

2

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		B. Lester		Mar	4 1982 4:30
3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	Female	White	10/ 25 / 12	69 YRS	
	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED		Allegany
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
C	umberland	624 Crest Dr	rive	Housekeeper-	
USU.	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW		13e. STREET ADDRESS	
		legany Cumber	land YES [X NO [624 Crest	Drive.
14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA.	WE	TAST
	John		ter,Sr Elizab		Beatty
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218-16-		ADDRESS 6	24 Crest Driv
	_ No	218-16-	Miss Margare		umberland, Md
	18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF	Des WH 4. Meg	Egg 6 W.
ATION	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E		INAL DISEASE OR CONDITION (GIVEN IN PART TO
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ENCE OF	INAL DISEASE OR CONDITION (GIVEN IN PART I 10
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 211. HOW INJURY OCCUR	200 AUTOPSY? 20b JF	GIVEN IN PART I 10 YES, WERE FINDINGS USED THEY ING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURING 19 211 LOCATION	200 AUTOPSY? 200 JF YES NO	GIVEN IN PART I 10 YES, WERE FINDINGS USED THEY ING CAUSES OF DEATH? YES NO NO
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 22a. I certify that (II) this hasp	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F ital) attended the deceased from	OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OCCURI	200 AUTOPSY? YES NO CER RED (ENTER NATURE OF INJURY IN ITEM I	GIVEN IN PART TO YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO (18) B PART LORPART?) COUNTY STATE 19, 19, that (1) (we)
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALT WORK OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 220. I certify that (I) this hasp sow the deceased glive or	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F ital) attended the deceased from	OPERATION WAS PERFORMED 21t. HOW INJURY OCCUR 19 21t. LOCATION STREET	200 AUTOPSY? YES NO CER RED (ENTER NATURE OF INJURY IN ITEM I	GIVEN IN PART TO YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO (18) B PART LORPART?) COUNTY STATE 19, 19, that (1) (we)
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALT WORK OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 220. I certify that (I) this hasp sow the deceased glive or	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19th CONDITION FOR WHICH 21th TIME OF INJURY HOUR A.M. MONTH DA P.M. 21th PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR AY YEAR 19 21f. LOCATION STREET , 19 , ond that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO THE NATURE OF INJURY IN ITEM I CITY OR TOWN to death accurred an the date and h	GIVEN IN PART TO YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO (18) B PART LORPART?) COUNTY STATE 19, 19, that (1) (we)
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF ETHER NOTHER MEDICAL EXAMINE ALL WORK AUSE) 21d. INJURY OCCURRED WHILE AUTOR AUTOR (IF ETHER NOTHER MEDICAL EXAMINE AUTOR) 22b. I certify that (I) (this hasp sow the decased alive are abave, (I) (we) (did) (did in 22b. SIGNATURE	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19th CONDITION FOR WHICH 21th TIME OF INJURY HOUR A.M. MONTH DA P.M. 21th PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCURI STREET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO CER RED (ENTER NATURE OF INJURY IN ITEM I	GIVEN IN PART TO YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE That (1) (we) To read from the causes stated
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING NOT CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTION	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19th CONDITION FOR WHICH 21th TIME OF INJURY HOUR A.M. MONTH DA P.M. 21th PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F ital) attended the deceased from 19 11 view the body after death	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN COMMENTS AND	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN ITEM I	VES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE 226. DATE SIGNED 3/4/82
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WEDICAL WEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHIEF CONTRIBUTING OR CONTRIBUTION OR CONTRIBU	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F (at a) attended the deceased from 21 view the body after death 19 OFFRINT) Pa, M.D. 136 DATE 136. Taken to the deceased of the deceased from 19 19 19 19 19 19 19 19 19 19	OPERATION WAS PERFORMED AY YEAR 19 211: HOW INJURY OCCUR ARM, ETC.) 211: LOCATION STREET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS 925 Bisho	200 AUTOPSY? YES NO CERT NATURE OF INJURY IN ITEM 1 CITY OR TOWN TO CHARLES OR CONDITION OF TOWN ACTIVE OR TOWN ACTIVE OR TOWN 23d LOCATION CITY OR TOWN 23d LOCATION CITY OR TOWN	COUNTY STATE COUNTY COUNT

Cumberland, Md

DHMH - 16 50M 1/81 (VRA 15, 4)

Silcox-Merritt Funeral Service.

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BP.

DHMH-16 50M 1/81 (VRA 15, 4)

		FOR			DEDART		E OF MARYLAND	S &	0	5	8 1
	1.	- STATE REGISTRAR			DEPAKI		EALTH AND MENTAL HY	GIENE -			
		CEASED NAME	FIRST	,	MIDDLE		AST	REC 20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
	(TYP	E OR PRINT)	BABY		BOY	1.17	ENGOOD	MARCH 1.			
	3. SE	X		RACE	DOT	5. DATE C		6 AGE (IN YEARS LA		IF UNDER 1 YEAR	6:45 PM
		Male		white		MONTH	3 DAY 1 Y82	15-71-	YRS	MONTHS DAYS	HOURS MIN.
-	At: B	IRTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
7		Maryland		U:	SA	WIDOWE		ALLEGA	NY COU	YTY	MD.
3		inberland	ATH /	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUI		LIFE) INDUSTRY	OF BUSINESS OR
	JUSÜ.	AL RESIDENCE (IF NUR		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1 Baby		n/a	
3	Mar	rvland	Garre		Friends		13d. INSIDE CITY LIMITS?	Box 165	SS		
1	14 FA	ATHER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	F	145	
U		David		1	ivengood		Pamela	Joy	/ce	Liveng	ood
7		WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		DRESS		
X		No			None		Patient's c	hart			
		PART I. DEATH W	IMMEDIATE	CAUSE (o)(La Y De La Valor d		Premate	my fail sity S.	evere	. 1 140	iw 38 m
	I	underlying cause	ng the last.	(c)	NTRIBUTING TO I		BISTS NOT RELATED TO THE TERM		e ounc		
	NOI		The state of					MINAL DISEASE ON C	SIND IN OIL	VERN IIN FART TH	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	IN CERT	S, WERE FINDING CAUSES	OF DEATH?
7		210, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	HOUR A.A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART (OR PART 2)	
1	MEDICAL	21d. INJURY OCCUR		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
		220.1 certify that (1)	(this hospito	il) attended the	deceased fram_			, to		19	that (1) (we) last
		saw the decease obove, (1) (west)	ed alive an_	view the bady o	ofter death	, an	d that in (my) (aur) apinian	death occurred an th	e date and ha	ur and from the	causes stated
		22b. SIGNATURE	MEN	Poken	n) for B	E.D.M.	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [22c. DATE	SIGNED 2
1		22d PHYSICIAN'S NA					22e. ADDRESS				
		ELMAS	LIAS N	MENCHAVE	EZ,M.D.		913 SETON D	DRIVE CUM	BERLANI	D,MD.215	502
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		BURIAL	1	3-15-1	,		ER&PAUL CEM	QUMBERLAN			A THE
		JNERAL DIRECTOR	y	DAT MOSS	230 BAL				AR 256 FEGIS	TR C	and Com
	LEA	SURE-STEIN	FUNE	RAL HOM	E, INC.CUI	MBERL/	MD. MA	R 1 6 1982	The same	4	

Thoras Inventorium pro word of the Sold Sold Sold

	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE Ö 💪	0 5	3 2
		CEASED NAME FIRST SEOR PRINT JERE	MIAH	T.		ast GRAW	MARCH 10,	1982	26 HOUR 10:00E
	3. SE	Male	4 RACE Whit	e	5. DATE C	ot. 17, 1904	6. AGE (IN YEARS LAST BIRTH)	DAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
35	- 4	RTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	76 CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Allega:		MD
50	10. CI	CUMBERLAND	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE MEMORIA	EET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired R		chanist
35	13a. S Ma			GIVE RESIDENCE BEFORE 13c. CITY OR TO Cumbe:		13d. INSIDE CITY LIMITS? YES NO 🛣		He Brice Hollo	lper w Road
10			h Mc Gra				le Piper	ĮA:	51
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	705-09		Mrs. Cather:	ine Mc Graw	,Cumberland	, Md . Wife
	7	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OI	R AS A CONSEC R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1	0,
2	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	ITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING CAUSES YES	NGS USED 5 OF DEATH? NO [
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENJER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has	(AT HOME, STR	REET, FACTORY, OFFIC	-	STREET 19-77	CITY OR TOWN	8	that (I) (we) last
		sow the deceosed olive o obove, (1) (we) (did) (did n 22b. SIGNATURE	7/0	19	0- /	ATTENDING PHYSICIAN	death occurred on the date	271. BATE	
1		DR. PETER	HALMOS			22e ADDRESS MEMORIAL	HOSPITAL/C	UMBERLAND	, MD
		BURIAL, CREMATION, REMOVA (SECIFY) Burial	and the Carting of th			EMETERY OR CREMATORY Memorial Parl	k Cumberl	and, Allega	ny, Mď.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME James F. Scarpelli, Cumberland, Md.

Cumberland, Allegany, Md. 2 99 PATE REC. D. BY BEGISTRAR THE PEGISTRAR SIGNATURE

the venuelly bundanous steer leventh farms 2501-74-. bl. .com medical . firercon . . months

-m.e		CEASED NAME FIR	ST	MIDDLE	L	AST		20 DATE O	F DEATH MONTH	DAY YEAR	26 HOUR
A.5		C	HARLES	WILBERT	M	EAGHER		MAR	CH 31.1	982	9:40/
	3. SEX	X	4 RACE		5. DATE O		YEAR	6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAY	
V-		Male	White	e	Aus		914		67 v	RS DATE	NOURS M
2 8 1		RTHPLACE (STATE OF FOREIC		WHAT COUNTRY?	8.	NEVER MA		9 BALTIMO	DRE CITY OR COL		
85/		ryland	U.S	. A .	WIDOWE		RCED	-/-		Alleg	anv
7		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITU	NOITU		OCCUPATION	125. KIND	OF BUSINESS
150	CU	MBERLAND	4 1 1	RIAL HOS		1		(TANE OF MOI	rk for most of worki Laborer		ing Co
11-11	USU/	AL RESIDENCE (IF NURSING H			ADMISSION)	13d. INSIDE CITY	(1111752	13e. STREET	(F-14)	T. C. R.	IIIE VO
100		177	legany	Cumberl			IO 🗌		Columbia	Street	
ine.	-	THER'S NAME				15. MOTHER'S M	AAIDEN NA	ME			
10/1		William	MIDDLE	Meag	er	FIR:	lizab	ath	WIDDLE		lummer
100		VAS DECEASED EVER IN U		166. SOCIAL SECU		17 INFORMANT	11240	CUI	ADDRESS -		
pad	(4		WII	214-05-	.083	Mars M		. M		30 Colum	
21				***************************************		Mrs. M	ary A	. Meag	ner U	umberlan	XIMATE INTERVAL N ONSET AND DEA
ene.		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	AUSED BY.	r line vor lovy of and		inutar	Dis	tuss	Sada	BETWEE	N ONSET AND DEA
		0100	EDIATE CAUSE (0)	Auran.	resp	may	_ M 3	((1))	syracolo	my	
mot	>	06/8		R AS A CONSEQUE	NCE OF	1.0 +	-				
Tran		Conditions, if any, whi gave rise to immedia		morce	· w	nagar	1 en				
ther		couse to, stating t underlying cause lo	DOL IV.	R AS A CONSEQUE	NCE OF						
010			(c)_								
, ,	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE OR CONDITION	GIVEN IN PART	110
<u> </u>	5	190 DATE OF OPERATION	ac an		Ken	ne Ta	indu	ne			
2	CERTIFICATION	198 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATION	N WAS PERFORM	VED	20a AUT	INC	F YES, WERE FIND ERTIFYING CAUSE	S OF DEATH?
	RTI	21g ACCIDENT WAS UNDERLYE	NG XX 21b, TIME C	DE INTUIDY		101. (101// 101/10	DV 0 5 5	YES 🗌	NO X	YES [NO 🗌
9		OR CONTRIBUTING CAUSE	110010	.M. MONTH DA		ZIC. HOW INJU	RY OCCUR	CED (ENTERN	ATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
Hen	MEDICAL	(IF EITHER NOTIFY MEDICAL EX		.m. 3 28	85						
0 0	WED	21d INJURY OCCURRED	LAT HOME ST	OF INJURY REET FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET			CITY OR TOWN	COUNTY	STATE
3		AT WORK NOT WHILE	Home	9		130 Col	lumbi	a St.	Cumb.	21502	Md.
		220 I certify that (1) (this	-		3 > - 3	-26	19 02	, to	3-3		, that (I) (we) i
10		sow the deceased of above, (1) (we) (did) (· on	HARDIRS.	R) objujou	death occurr	ed on the dote and	hour and from th	e couses stated
1		226 SIGNATURE	- ()	./	0 0	DEGREE					E SIGNED
		Mabustio	no 4.	Savera	1/	MP ATT	YSICIAN D	MEDICAL	STAFF PHYSICIAN	4-	2-82
4		226 PHYSICIAN'S NAME	TYPE OR PRINT	,	/	22e ADDRESS					
IMPORT		DR. ROBUS	TIANO J.	BARRER	٨	MEM	10RIA	L HOS	PITAL,	MED. BLI	OG.,
	23a. B	BURIAL, CREMATION, REM		23c. N	AME OF CE	METERY OR CRE	MATORY	A 138 LOC	ATIONYLAN	ID 2150.	2
		Burial	Apr 3			[emorial		CIT	berland	COUNTY	STATE
	24 Ft	JNERAL DIRECTOR	TADE 3			atur St		OREGED. BY	REGISTRAR 256 PE	GISTRAR'S FIGH	ATURES CALS
31		NAME	7				AF	14.9	1307 1	and T	
	Si	lcox-Merritt	Funeral	service.	minerl	Tarice MG				- Committee	

Items 21a. - 21f. & 22a. STATE OF MARYLAND

1 - FOR 1 m#G566 4-27-82 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

Mor A sun ole Bing Congell THARALLA the contract of the last Meryland Alloren Chuler and a 30 Columbia Turest lengher Flighteth 130 Columbia Struct 2 1 231-05-1083 rs. Mary L. Fession Commerland, Nd the west of the same of the same Buring Apr 2,202 Susset Guorial Perk Ortherland Alleren Fred Perk All receiver to 5) ເວົ້າສະໄໝສະໃນເປັນ ເປັນ ການ ເປັນ ຄວາມປະເທດ ເປັນ ຄວາມປະເທດ ເປັນ

	(TYPI		itta M.		les	3/24	/82
	3. SE	Female	4. RACE White	5. DATE	0/7/1899 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS
12		RTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76. CITIZEN OF WHAT CO	MARRI	ED NEVER MARRIED DIVORCED	BALTIMORE CITY OR COL	
20		onaconing	II. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ING LIFE) 12b. KIND OF
35	USU.	STATE TSh.	other institution give residually 136. CITY Buc	ence before admission) OR TOWN Khannon	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 88 W.Linco	on Stree
49	14 FA	Frank	W. Co	mbs	15 MOTHER'S MAIDEN NA/ Ersie		Comb
3		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? 16b SOC S. GIVE WAR OR DATES	TAL SECURITY NO.	Mr.Leslie	R.Miles Lo	onaconin
	THE COLD	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause loss	DUE TO, OR AS A C	onsequence of cheralization	esculer Accide		yeq.
2	IFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause loss	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) NT CONDITIONS CONTRIBU	ONSEQUENCE OF CACALLED DISEQUENCE OF TING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (y S-m, Congor / 1) 200 AUTOPSY? 20b. I	VEG NGIVEN IN PART 110 WE HEARD FO IF YES, WERE FINDIN ERTIFYING CAUSES
29	ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause loss. PART 2 OTHER SIGNIFICA Chronic Rev. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CLIF EITHER, NOTIFY MEDICAL EXAMINATION.	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) NT CONDITIONS CONTRIBU 19b. CONDITION FO 19b. CONDITION FO 19b. TIME OF INJURY HOUR A.M. MO P.M.	ONSEQUENCE OF CINC OF CINC OF CINC OPERATION NTH DAY YEAR 19	T NOT RELATED TO THE TERM Ao-tic Aneur ON WAS PERFORMED 21c. HOW INJURY OCCURR	INAL DISEASE OR CONDITION (y S m) Congerting [200 AUTOPSY? 20b. 1	N GIVEN IN PART 100 THE HEART FOR THE STATE OF THE STATE
29	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause loss. PART 2 OTHER SIGNIFICA Chreat Rev. 19a. DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) NT CONDITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MO	ONSEQUENCE OF CING TO DEATH BUT A WHICH OPERATION NTH DAY YEAR 19	TNOT RELATED TO THE TERM I Aortic Aneu ON WAS PERFORMED	INAL DISEASE OR CONDITION (y S-m, Conger/ib) 200 AUTOPSY? YES NO NO	N GIVEN IN PART 100 THE HEART FOR THE STATE OF THE STATE
29		Conditions, if ony, which gove rise to immediate couse (o), storing it underlying cause loss loss loss loss loss loss loss lo	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) NT CONDITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY	ONSEQUENCE OF COCCALIFO DINSEQUENCE OF TING TO DEATH BUT A WHICH OPERATION NTH DAY YEAR 19 YAN OFFICE, FARM, ETC.) Red from	I NOT RELATED TO THE TERM Aortic Aneur NON WAS PERFORMED 216. HOW INJURY OCCURR 216. LOCATION STREET Aneur 19 81	INAL DISEASE OR CONDITION (y S - Con gov / 1) 200 AUTOPSY? YES NO ED (ENTER NATURE OF INJURY IN ITER	VEG NGIVEN IN PART 110 WE HEARD FOR IF YES, WERE FINDIN ERTIFYING CAUSES (YES WAS AND TO PART 2) COUNTY 24, 19 22, 11 Hour and from the company of
9		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause loss. PART 2 OTHER SIGNIFICA CAPA, C PC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHE EITHER, NOTHER MEDICAL EXAMINATION CONTRIBUTION COURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 12a. I certify that (1) (this how with the contribution of the co	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) NT CONDITIONS CONTRIBU 19b. CONDITION FO 19b. CONDITION FO 19b. CONDITION FO 19b. PLACE OF INJURY ANNER) 21e. PLACE OF INJURY AT HOME. STREET, FACTO OSPITOI) ottended the decess 2 on Mark 4 24	ONSEQUENCE OF COCCALIFO DINSEQUENCE OF TING TO DEATH BUT A WHICH OPERATION NTH DAY YEAR 19 YAN OFFICE, FARM, ETC.) Red from	T NOT RELATED TO THE TERM Ao-tic Aneus N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 21f. LOCATION DEGREE ATTENDING PHYSICIAN PHYSICIAN	INAL DISEASE OR CONDITION 200 AUTOPSY? 200 LINCE YES NOW CITY OR TOWN CITY OR TOWN TO MARCH 2 DIRECTOR PHYSICIAN	VEG NGIVEN IN PART 1(0 PE Hear! Fall IF YES, WERE FINDIN ERTIFYING CAUSES (1) YES COUNTY COUNTY A hour and from the county 22. DATE S 3-2
29	MEDICAL	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause loss. PART 2 OTHER SIGNIFICA CAPEA, C. Rev. 19a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXALT WORK NOTIFY MEDICAL EXALT WORK NOTIFY MEDICAL EXALT WORK NOTIFY THE LAT WORK NOTIFY THE	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) NT CONDITIONS CONTRIBU 19b. CONDITION FO 19b. CONDITION FO 19b. CONDITION FO 19b. PLACE OF INJURY ANNER) 21e. PLACE OF INJURY AT HOME. STREET, FACTO OSPITOI) ottended the decess 2 on Mark 4 24	ONSEQUENCE OF CACALLA DINSEQUENCE OF TING TO DEATH BUT A WHICH OPERATION NTH DAY YEAR 19 YAY, OFFICE, FARM, ETC.) Bed from 19 19 22 . O	T NOT RELATED TO THE TERM A Or to Aneway ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 Ond that in (my) our) opinion of the company	INAL DISEASE OR CONDITION 280 AUTOPSY? 280 IN CO YES NOW CITY OR TOWN CITY OR TOWN TO MARCE N MEDICAL STAFF	VEG NGIVEN IN PART 100 RE Hear! F IF YES, WERE FINDIN ERTIFYING CAUSES (YES COUNTY COUNTY A hour ond from the county 24. 19 22. DATE S 22. DATE S 24. 19 22.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-S. Miller Leonie DEATH MATED S 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
PM 3. RETAIN PAGE 5 FOR YOUR FILES.
ND 2 SHOULD BE FILED, WITHIN 72 HOURS
VITAL RECORDS, 201 W, PRESTON STREET, 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 15,1897 8/1 YRS DEAD Ta BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Illinois U.S.A. Allegany WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Frostburg Community Frostburg Hospita] Decorator Interiors 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Frostburg Honewsuckle Lane Marvland NO [] 100 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 CATE, WRITING THE WORD "FENDING" IN PENCIL IN 1TEM 18. GIVE PAGES I, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND MESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF LYIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Schierhorn Sigrid Callerholm Gustov 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES! 336-09 No Mc Mahon, Palm Coast CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY I Heart Disease. Canditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion deoth resulted from: Homicide Undetermined monner M.D. Sacred Heart Hosp.. EXAMINER'S NAME Cumberland Nicholas Giarritta. 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY BP Burial Frostburgo Mc Frosthurg Mem 24 FUNERAL DIRECTOR **DHMH-17** Home, Frostburg, Md. Funeral (VR A 15 ME (5) 15M 2/80

AND AND ADDRESS OF THE PARTY OF The second secon on all all purposes and the second se minimum bingil benefit with the volume

To 1		FOR STATE REGISTRAR	•		DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		2 0 REG. NO.	5	8 5
ay be oge 3 deoth		CEASED NAME ORPRINT)	FIRST ELLI		MIDDLE B	MIL		MARCH	5, 1982		6:15PM
ector. po	3. SEX	Female		LRACE Whi	.te	5. DATE O	- 25 -1905	6 AGE (IN YEARS	_		IF UNDER 24 HRS HOURS MIN.
death. Po		RTHPLACE STATE OR FO	DREIGN]		WHAT COUNTRY?	MARRIE WIDOWE	DI DIVORCED		city <u>or</u> county o Legany	OF DEATH	MD.
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filled in aculd be	13a. S	TATE Md	ATTE	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e. STREET 70E	Douglas	Aven	ie
red within 24 hours ompletely filled in by and 2 should be fille		THER'S NAME FIRST Charles			last Boettche	r	15. MOTHER'S MAIDEN NA FIRST EVA	М	DD1E	Seggie	
ote be executoresisted on the control of the contro	160 W	AS DECEASED EVER I		MED FORCES? WAR OR DATES!	16b SOCIAL SECU	RITY NO.	Joseph Mil		ADDRESS Lenaceni		
v requires that the death certificate signed by the attending full Then please remove corbanion to remove to busing to the troumotic events.	ATION	Conditions, if ony, gove rise to imm couse ioi, stofing underlying couse PART 2. OTHER SIGN	ediate the last. IFICANT CO	DUE TO, O (b) DUE TO, O (c) DINDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D 22 ACC	NCE OF	Scular a NOT RELATED TO THE TERM Atturos Cle N WAS PERFORMED	NNAL DISEASE OF	CONDITION GIVE		
N: The law yssicion. It core hos b ronsit perm Hygiene pr Hygiene pr Hygiene pr D	CERTIFICATION	210. ACCIDENT WAS UNDE	RLYING	21b TIME O			21c. HOW INJURY OCCUR	YES N	IN CERTIFY YES	barred .	NO D
VG PHYSICIAN: Tottending physici fer this certificate is the buriol-trans in and Mental Hygin riked or frem 18 sh	MEDICAL	OR CONTRIBUTING CALL CONTRIBUTING CALL CONTRIBUTING CALL CALL CALL CALL CALL CALL CALL CAL	D EXAMINER	P. 21e PLACE	M.	19	211 LOCATION STREET	Cr	TY OR TOWN	COUNTY	STATE
TO HOSPITAL OR ATTENDINgerationed by the haspital or TO FUNERAL DIRECTOR. Af should be detached for use owith the State Dept of Health IMPORTANT: If them 21 is mo		220 I certify that (I) (saw the decease; above, (I) (we) (di 22b. SIGNATURE 22d. PHYSICIAN'S NAI	d alive on d) (pid not)	view the body			d that in (my) (our) opinion DEGREE M.D ATTENDING PHYSICIAN	. to	STAFF	,	
TO HOSPITA retained by TO FUNERA should be di with the Stat	23a. B	DR. MUH	IAMMA EMOVAL			AME OF C	1945 SETOI	23d LOCATIO	N		MD 2150
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	Burial NERAL DIRECTOR Eichhern					ill Cemeter ing, Ma MAF		STRAR 250 REGISTR	- M	STATE

Yemale white II - 25 -1905 W6 TO LOUGISH LYON Chicles Bostones version selfand Joseph Willer Lagoconing, Md. Buriel 3/9/62 Oak Hill Undetery Lonaconing, Nd. Stonners Stateral Nome Tonsconing, Ma. M. medicol

injury, ar ather traumatic event, the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

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	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENT		ENE 👌 🔏	0	5	1 (3 /	
		CEASED NAME FIRST	MID	DLE	- i	AST		20. DATE OF DEATH		DAY YEAR	210	HOHP	_
н	(iire	Will	iam	A. Mil	ler.	Sr.		Mar. 10.	198	2	-	p.	AA
	3 SE)	X	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRT	HDAY}	IF UNDER 1 Y		JNDER 24 HR	5
3	20	Male	White		APT	· 2, 190	80	75	YRS.	MONTHS DA	YS HO	URS MIN	
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8	NEVER MARK	DIED 🗆	9 BALTIMORE CITY O		Y OF DEATH	1		
5		MD	USA		WIDOWE		CED 🔲	Allega	ny			N	AD.
		TY OR TOWN OF DEATH	11. NAME OF HO			R OTHER INSTITUT		120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING L	IFE) INDUST	RY	ISINESS O	R
U		umberland				t		Printer J	Ret.	New	pap	er	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ALLE	other institution, GI	ve residence before la city or towi cumber l	and	13d INSIDE CITY LI	IMITS?	345 Bed:	ford	St.		3,4	
1	14. FA	THER'S NAME FIRST	MIDDLE	LAST	MIZE	15. MOTHER'S MA		ANDDIE		n Th	LAST		
		James	W.	Mille	r	Virg	ginia	a S.		ooker	ly		
		VAS DECEASED EVER IN U.S. AR	WAR OR DATES)	SOCIAL SECUI		17 INFORMANT		·ADDRE					
		No.	2	214-05-	6646	Gussie	J. 1	Miller, Co	umbe	rland	l, M	ID	
n		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per lin	ne for (o), (b) and	d (c). I	+ 0	. 0	0		APP BETWE	ROXIMATE EN ONSE	INTERVAL	1
и			E CAUSE (0)	Cor	sev	me bea	Ma	ciliare					
П		4149	DUE TO, OR A	AS A CONSEQUE	PCMOF/		0			11 11 11			
		Conditions, if any, which	(b)		HI								
	13	gove rise to immediate couse 101, stating the	DUE TO, OR A	AS A CONSEQUE	NCE OF					70.1			
	21	underlying couse lost.	(c)										
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	WAS PERFORME	D	20a AUTOPSY?	20b. IF YE	S, WERE FIN	DINGS	USED	
	TIFF							YES NOW		ES []		IO [
3	CER	210. ACCIDENT WAS UNDERLYING		NJURY MONTH DA	V YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART	2}	305	
/	CAL	OR CONTRIBUTING CAUSE OF DEA	P.M.	MONITO DA	19								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	ARM FTC)	211 LOCATION STREET	N. 15	CITY OR TOW	N	COUNTY		STATE	
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		saw the decrased alive on above, (li (we) (did) (did no	I him the blody at	tow death.	. 04	d that in (my) (our)) opinion de	eoth occurred on the de	te and ho	ur and from	the caus	es stoted	
		22b. SIGNATURE	110	/		DEGREE			5 7 6	n. D	ATE STOP	NED	
		0	lac	uis	Y	PHYS	ICIAN	MEDICAL STAF		13	14	82	
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT		1	22e. ADDRESS				/	1		
1		Peter Halm	os, M.	D.		Memoria	al Ho	spital Cu	ımbe	rland	, M	D	
	230 B	SURIAL, CREMATION, REMOVAL				EMETERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	1	STATE	
1	I	Burial	Mar.13	3,4982	Rose	Hill C	em.	Cumberl		Alleg		MD	
		JNERAL DIRECTOR	1	ADDRESS		1.470		REC'D. BY REGISTRAR	71	A Va	I AGUAL	Then	
	V	Villiam G. K:	ight (Cumberl	land,	MD	MAF	R 17 1982	pance	Do	4		

DHMH - 16 50M 7/77 (VR A 15 (4))

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	ECEASED NAM	- seasons at		ATRIC		MIL	-45	2a. C	REG. OATE KNOWN OF ESTI- EATH MATED	MONT	/23 19 82 P M
3. SE MA 70. E	ALB	4 RACE WHITE	5. DATE OF BIRTH 9730/03	YEAR	6 AGE IIN YEAR: LAST BIRTHDAY! 78 YRS		YR. IF UNDER	MIN, PRO	DATE NOUNCED DEAD	3/2	7:40
	ARYLAN		U.S.A.	HAT COUN		MARRIED [NEVER MARR	IED L	ALTIMORE CIT		NTY OF DEATH
-	IATIONA		RT NAME OF HO	SPITAL, NUF	RSING HOME, (OR OTHER IN	ISTITUTION		CCUPATION (TYPE OF WORK	CECANESE
13a.	AL RESIDENCE STATE RYLAND	13b. COL	E OR OTHER INSTITUTION, G INTY GNANY	13c CITY	BEFORE ADMISSION OR TOWN TONAL	13d YE	INSIDE CITY LIMITS?	RT.	DDRESS BOX	343	FROSTBURG.MD
	ATHER'S NAM FIRST OSCA WAS DECEASE		MIDDLE	MIL	LAST LS TAL SECURITY I		MOTHER'S MAID FIRST HANNAH NFORMANT	EN NAME	MIDDLE		COL EMAN
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OR TO BURIAL, CREMATION, OR REMOVA	gave r cause (c lying co		te (b)	arte	SEQUENCE OF THE TERMINA	elens LOISEASE OR CO	olice ONOITION GIVEN IN PA	Lower RT 1 (a).	ory la	Psian	(
CERTIFICATION	190. DATE O	F OPERATION	19b. CONDI	TION FOR V	WHICH OPERA	ION WAS PE	RFORMED?				20 AUTOPSY?
		ING CAUSE O	FDEATH P.A	A. MONTH	DAY YEAR		NJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR I	
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	220 1 cert death resul ACTUAL SIGNATURE	ted from: No	tural causes D.	Accident	ve, held on Suici		Inspection Homicide ITLE (SPECIFY)	Undetermin	quiry , ned monner EXAMINER	and in my o	2 2.1 62
)	EXAMINER'S (TYPE OR PR	NAME NI	CHOLAS GI	ARITI	A, M.D	•ADDF	900 RESS			CUM	BERLAND, MD.
	BURIAL	ATION, REMOVAL	3/27/82	FR	OSTBUR	G MEM		23d. LOCAT CITY OR TO FROS	TBURG,		GANY MD.
200	FUNERAL SOWERS	FUNERAL	HOME		MAIN STBURG	ST.		REC'D. BY REG	STRAR 256. RE	GISTRAR'S	SIGNATURE

.A. B. U. THE THE .I. TO

JU TTIV Y MERICIA CHAIYEAR

MICHELS GIARITIA, M.D.

60 W. MAIN ST.

657 F-12 - 67

2 LITE

222-07-4253

3/27/82 FROSTRURG NEW, PARK PROSTRURG, ALLEGARY, MD.

RESOLA.

YMADDLIAN

TRS. PATSY S LIEE, 1711 S. INBURNE AVE. ,

MALLA

SON SECON DRIVE, CULRECTAND, MD.

RA. 1, ROW B. B. PROSTEWEG, D.

GMA IVEAU

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- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Frank 1/10/1998 Bettle 1/10/1998 V THE BALLA Franklin taken may Sim desert thre Orges Garnell Longospins, Nd. Burisl 1 1/2/82 Sunset Memorial Fark Sumberland &. Ad enocher eureral Lose Lightconing, 10.

DHMH - 16 50M 1/81 (VRA 15, 4)

1	- STATE REGISTRAR			DEPART		ICATE OF DEATH	L HYGII	ENE 💚 💪	VO		, 0
	PECEASED NAME	LAURA		MIDDLE		IYERS		MARCH 6	MONTH DA		26 HOUR 3:50P
3 S	Femal	_	4 RACE	ite	5. DATE O			6 AGE (IN YEARS LAST B	YRS.	FUNDER TYEAR	1F UNDER 24 HRS HOURS MIN.
5	West Virg	inia	USA	WHAT COUNTRY?	MARRIE			BALTIMORE CITY Allegai	OR COUNTY	OF DEATH	MD
0	CUMBERL	AND	(IF NOT IN SU	EMORTAL	ADDRESS F	PROTHER INSTITUTION		TYPE HOUSEWI		126. KIND O INDUSTRY OWN	Home
F 130.	UAL RESIDENCE (IFN STATE	136 COUN	other institution TY gany	13c CITY OR TOW Cumberl	/N _	13d. INSIDE CITY LIMI YES NOX		3. STREET ADDRESS Route 9,	Willi	am Roa	d
0		L. Lut		LAST		15. MOTHER'S MAIDE Bertha		n		LAST	r
	WAS DECEASED EV (YES, NO OR UNKNOWN) NO	(TF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU 218-38-0	522	Mr. Russ	sell	D. Myers,			Md. Sor
CATION	Conditions, if o gave rise to it couse fol, ste underlying country of the country	mmediate ting the use last. 9NIFICANT CO	ONDITIONS CO	H	DEATH BUT	NOT RELATED TO THE	TERMIN	IAL DISEASE OR CON		N IN PART 110	
CERTIFICATION	21a. ACCIDENT WAS I		216. TIME O			21c HOW INJURY OC	CURRE	YES NOT	IN CERTIFYI YES	NG CAUSES	OF DEATH?
MEDICAL	OR CONTRIBUTING [(IF EITHER NOTIFY M) 21d. INJURY OCCU WHILE NOTIFY MOTOR AT WORK	DICAL EXAMINER)	P./ 21e. PLACE (19	21f. LOCATION STREET		CITY OR TO		COUNTY	STATE
	220.1 certify that saw the dece abave 1) (we	ased alive an	view the bady	-60 10		d that in (my) (our) opi	nion de	, to3- ath accurred an the d	ate and haur a		
-	1/26 22d. PHYSICIAN'S	ush'au	PRINT)	Hans	na gr		NG NA	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	3 -	2-82
22-		ROBUST		J. BARRI				HOSPITAL	MEDIC	AL BU	ILDING
	BURIAL, CREMATION	N, REMOVAL	236. DATE 3-9-19			Memorial P	ark	23d. LOCATION CITY OR TOWN Cumber1	and, Al	legany	state Md.
24 F	FUNERAL DIRECTOR	s F. S	carpell	i, Cûmber	land.	Md . 25a	DATER	REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	JRE Pastan

STATE OF MARYLAND

NEXT THE FEMALE		
		e felicity too
	MATERIAL DESCRIPTION	
LANCON STEEL OF MALOUR	Ten Tenten 1715	neill a horison.
S. Har ching wife 128"	Corporation of September 193	
The state of the s		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO		
		CEASED NAME OR PRINT)	ELS		GERTRUD	E	POLAND	20. DATE OF DEATH MARCH 2	MONTH	DAY YEAR	26. HOUR 1:45P
	3. SEX	Female		4 RACE White			8,1900 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
1	We	RTHPLACE (STATE OR OUNTRY) st Virgin	ia	U.S.		WIDOW	DAN OWN DIVORCED	9 BALTIMORE CITY	or coun egheny		MD
)	C	UMBERLAN	ND /	(IE NMEM	TRITALE STREET	1929 I	TAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS'	OF WORKING		tory
¥	13a ST	W.Va.	HAMPS	TY	13t CITY OR TOW Augusta	/N	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS	oute 1		
1		THER'S NAME FIRST George			rshberge		Martha	WIDDLE		Beneë	r
		AS DECEASED EVER ES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	214-07-4		Mr. Raymond	d Gordon		sta,W.Va	. 26704
		Conditions, if any gove rise to im cause (a), static underlying cause	mediote ng the last.	(b)	R AS A CONSEQUE	ENCE OF	relativo ,	Stand for		IVEN IN PART 1:	
	S F	90 DATE OF OPERA					N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
	CAL	210. ACCIDENT WAS UN OR CONTRIBUTING UP LIFEITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEAT	P./ 21e PLACE (M. MONTH D. M.	19	216. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN		(PART I OR PART 2)	STATE
		NOT WILE NOT WILE AT WORK 220. I certify that (1) saw the deceos abave, (1) (we) (1)	(this haspite	al) attended the	e deceased fram_	37	19 82 and that in (my) (aur) apinion		151	. 19 82	That (I) (we) lost
		226 SIGNATURE	Tule	Tops	ue III	8.	ATTENDING PHYSICIAN	DIRECTOR PHYS		3/2	3/82
			DEDT	E DVI	DALE		22e ADDRESS MEMO	RIAL HOSP	ITAL	, MED. BL	DG.,

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT: If Ite

the burial-transit permit. Then please remove as and Mental Hygiene prior to burial, crematian,

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Cumberland

Allegheny

Hill Cemetery

	The Samuel			
		ONTIN TO STATE STA		
	reagalla	0.000		August spec
751100	retoca.		TRECH GATROUGH I	en/Administration
	Torpo) rate		termina (sertison)	it 1.8.6
		153.9%	Project Control	gattoni
Odio viti ene		ungo .c	Stantifically T	

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

M MINISTER MESSES . BLO INVESTIGATION OF STREET Pleasantvilegiantic M. Jurial 312'82 37 cm od Cen.

	1-	FOR STATE REGISTRAR				STAT MENT OF H EXAMINE	EALTH		ENTALH				0 5	5	9	3
E.S.S.S.		CEASED NAME PE OR PRINT)	FIRST	Melvin	MIDDLE W.	Poland	K J C	LAST	CATE		20. DATE OF	KNOWN ESTI- MATED	MONTH	H DAY	YEAR 82	2b. HOUR 920 a,
TOUR FILES. N 72 HOURS TON STREET,	3. SEX	ale	White	5. DATE OF BIRTH Oct. 27,	1900	6. AGE (IN YEAR LAST BIRTHDAY 81. YRS	MONTH	DER 1 YR.	IF UNDER	24 HRS. MIN.	2c. DATE PRONOUN DEAD	NCED MA	month	DAY	YEAR 82	2d. HOUR 9a M
585	We	RTHPLACE (STA	ginia	76. CITIZEN OF W			WIDOW		DIVORC			ore city legan	_	NTY OF D	DEATH	MD
RECORDS 201W		umberla	and		ial H	ospital	-DOA	ER INSTITU	TION	Re Re	tired	PATION (TY PKING LIFE)	YPE OF WORK	Ra.	ND OF BUS R INDUSTR 1 Lroa	d d
835	13a S	AL RESIDENCE (TATE	13b. COUN	or other institution, G ITY legany	13L CITY	OR TOWN	1)	13d. INSIDE (I YES 🏝	NO [130. STR	eet addre	ss ringd	ale	St.		
211	177		ames R.			LAST		F			M. Pý				LAST	
011	16a. V	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. AR.	MED FORCES? WAR OR DATES)		SIAL SECURITY		Mrs.		lys P	oland	ADDRES . Cum		and,	Wife	
HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	N	gave rise couse (a) : lying caus		(b) CONTRIBUTING TO DEATH	AS A CON	SEQUENCE OF	els d	OR CONDITION	/		ler	-1				
OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPERA	TION W.	AS PERFOR	MED?					1 170	UTOPSY?	NO [X
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1201 PR	MEDICAL	21d. INJURY OF WHILE AT WORK	OCURRED NOT WHILE AT WORK	21e PLACE (OF INJURY TORY, FARM, E			CATION			CITY OR TO	wN	C	OUNTY	- 3	STATE
AFER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRE		death resulted	Mich	ge of the remoins des ral causes 3,	Accident	. Suici	Autaps de	Homic TITLE (SI	PEGIFYI	Undete	Inquiry ermined mo	onner	DATE	E 3-	- 10-	
TO FUN AFTER D BAUTIMO	23a. B	URIAL, CREMAT	IAME Niche		23c. h	NAME OF CEME	TERY OF	ADDRESS	ORY	[23d. LO	CATION	Hospi				
P DHMH - 17 A15 ME (5))		Burial UNERAL DIRECT NAME Jame	or F. Sca	3-12-1983 arpellioness		mberlan		T-		REC'D. BY		land, R 25b. REC				

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- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME

Dolan 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Allegany 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home 12 East Second St. LAM . Dolan, Cumberland, Md. Son 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21s. HOW INJURY OCCURRED LINISE HATURE OF PULLEY IN FIRM 18. PART I CREPART 25 nd that in (my) (our) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN MEMORIAL HOSPITAL MEDICAL BUILDING Sunset Memorial Park Cumberland, Allegany, Md. James F. Scarpelli, Cumberland, Md.

REG NO

20 DATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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8		1	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEAT		ENE B Z	Q	5 4	9 3
, be	(3)		CEASED NAME E OR PRINT)	GLEN		ILSON	PYL	E E		MARCH 2		YEAR	8:40
ge 4 mo)	M	3 SE	Male		4. RACE White		S DATE O	of BIRTH . 19, DAY 1912	Ž ^{EAR}	6 AGE (IN YEARS LAST B		IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN
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ND 212	ould be	13a.	AL RESIDENCE (IF NURSING STATE)	Mine	JTY	Ridgley	N	13d. INSIDE CITY LI	IMITS?	13e. STREET ADDRESS Route 1,	Milten	Contr	actor
MARYLA ed within	Son ine	14. F/	THER'S NAME FIRST Willi	am A	rthur Py	LAST		15 MOTHER'S MA	IDEN NAM	ay Evans	2220011	LAS	
be execut	be executed w on and comple Pages 1 and medical evan		VAS DECEASED EVER II		E WAR OP DATES	220-10-		17 INFORMANT		ADDI I. P yle, R		.W. Va	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of thending physician.	please remove carbor por urial, cremation, ar remov r, or ather troumatic event		18 CAUSE OF DEATH PART I. DEATH WA Conditions, if ony, gave rise to imm cause (a), stating underlying cause PART 2. OYHER SIGN	which ediote the last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	NOT BELATED TO T	Hec		LUCQ		MATE INTERVAL INSEL AND DEATH
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TAL OR ATTEND by the hospital of	detached for use tate Dept. af Hea NT: If Hem 21 is n		220.1 certify that M (saw the deceaser above, (1) (we) (di	d alive and d) (did not Ueu	1) view the body o	195		DEGREE ATTEN PHYS	NDING	eath occurred on the o	\FF	The second second	
O HOSPI etained b	should be with the S		DR. A.S					MEMORI	AL H	OSPITAL I	MEDICA	L BUI	LDING

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE Mar.4, 1982 230. BURIAL, CREMATION, REMOVAL Burial

> 231. NAME OF CEMETERY OR CREMATORY Fort Ashby Cemetery

ATORY 23d LOCATION
CITY OR TOWN
FORT Ashby, W Ta.

25d Database By RD WARR MS REGISTRAP SIGNATURE

STATE

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

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x	1	FOR = STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE Ö Z	0 5 4	9
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The law recion. te has been sist permit. guene prior shows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES []	GS USED OF DEATH?
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DHMH - 16 50M 1/B1 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

23b. DATE 3/21/82 23c. NAME OF CEMETERY OR CREMATORY FROSTBURG MEM

PLAND MAR 23d LOCATION CITY OR TOWN FROSTBURG COUNTY

MAIN ST. MAR 23 1982

STATE MD

FROSTBURG

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	DELAY 3 TO TH IN PAG 805, 20		Cumberland			LITY, GIVE STREET ADDR	_			HOUSEWIFE		OR INDUST	RY
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	MOE NO	-	EXAMINER'S NAME P	1 C	. M.D.			M					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PROFE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCNG W TO FUNEAUL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	22. 0			v. M.D.)		ADDRESS Mem		CATION			
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Boal Funeral Service P. A. Westernport Md.

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STATE OF MARYLAND

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TANK TELEVISION

	FOR STATE REGISTRAR				CERTIF	EALTH AND I			REG. NO.	0 5	£3	7 7
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7o. E	SIRTHPLACE (STATE OR COUNTRY) Penna	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER A		9 BALTIMORE				nv MD
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	BURIAL, CREMATION, (SPECIFY) Burial		Mar 2	4,1982 Hi	llcre	st Bur	ial Par	23d LOCATION CITY OF T	own rland A	county llegan	ум	state aryland
	UNERAL DIRECTOR NAME Llcox-Merri	tt Fun	eral S	ervice.		ecatur rland,		R24198	32 Kee	SISTRAR'S SIC	NATU	RE V

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Zion

Augusta Hamp 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR 256 MAR 3 0 1982

DHMH - 16 50M 1/81 (VRA 15, 4) Rurial
24. FUNERAL DIRECTOR

Larry

2-26-82

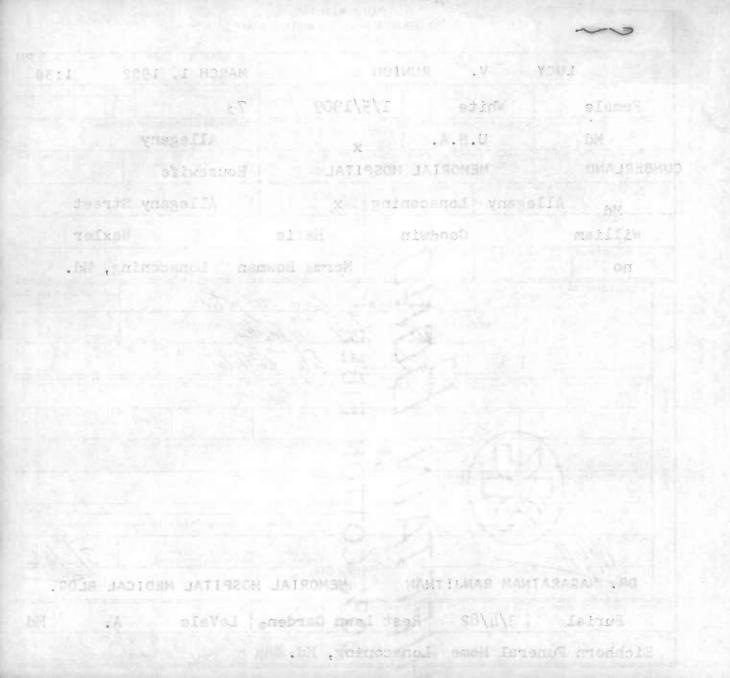
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			FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYD ICATE OF DEATH		0	5	0 1
2 L			OR PRINT) LUC	Y V	• RU	NION	AST	MARCH			26. HOUR P
0		3. SE	Female	4 RACE Whi	te	5. DATE O	of BIRTH 5/1909 YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS. HOURS MIN.
Touch	A-	a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)		.S.A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT		OF DEATH	Mr
natified			Y OR TOWN OF DEATH BERLAND		HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MC Housew	PATION	126. KIND OF INDUSTRY	BUSINESS OR
r must be	35	USUA 13a S	L RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION UNITY Legany	GIVE RESIDENCE BEFOR LONGCO	VN.	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	egany	Street	
exomine	10	4 FA	THER'S NAME WITTIAM	MIDDLE	Goodwi	n	15. MOTHER'S MAIDEN NA. Hafie	ME		Waxler	
event, the medical	1	6a ∨ (Y	AS DECEASED EVER IN U.S., 15, NO. OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT	URITY NO.	Norma Bown		naconii	ng, Md	•
ony injury, ar other troums		ATION	Canditions, if any, which gove rise to immediate cause (0), stoting the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, CO	ONTRIBUTING TO	ENGE OF CONTRACTOR	Yout infecting the Term Not related to the term	and the same of th			
> ~		CERTIFICATION	7)a. ACCIDENT WAS UNDERLYING			OPERATIO		200 AUTOPSY?	IN CERTIFY YES		OF DEATH?
ked or Hem 18 shov		MEDICAL CI	OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A	.M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	19	216. HOW INJURY OCCURE 216. LOCATION STREET		nsury in ITEM 18 PAS	COUNTY	STATE
tem 21 is mor			27a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did 27b. SIGNATU E	an	19	, or	d that in (my) (our) opinion o	, to death occurred on the	e date and havr		
MPORTANT: IF	1		DR NAGARA		1AHT I LNA	MD	ATTENDING PHYSICIAN [DIRECTOR PHY		AL BL	2/82 OG.
OWI	2	3a. B	URIAL, CREMATION, REMOVA PECIFY) Burial	3/4/			emetery or Crematory awn Garden	23d. LOCATION Laval	2	COUNTY	Ma
1/81	2	_	NERAL DIRECTOR EIChhorn Fui	neral H	ome ADDES	nacon	ing, Md. MA	R 8 1982	AR 25b. REGISTR	AR'S SIGNATU	RE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2

		KLOSTKAK						REG. N	0.		
	1. DE	OR PRINT	FIRST	WIDDLE		l.	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
4	11111	OR PRINT]	FRANK	NMI	SCA	RPELL	I	MARCH 7,19	182		4:43 PM
i.	3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	R(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		MALE		WHITE		MARC	CH 23, 1903	78	YRS.	ONTHS DAYS	HOURS MIN.
1501		RTHPLACE (STATE C	R FOREIGN	Th CITIZEN OF WHAT C	OUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
420	1	IARYLAND		U.S.A.		WIDOWE	D DIVORCED	ALLEGANY COUNTY MD			
\$52		MBERLAND	EATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY SACRED	GIVE STREET	ADDRESS)		120 USUAL OCCUPAT			F BUSINESS OR
26	13a. S	RYLAND	136 COUN		DENCE BEFORE YOR TOWN	N	13d, INSIDE CITY LIMITS?	13e STREET ADDRESS 150 MT. P	LEASAN	T STRE	et
Co./0		THER'S NAME PETER		SCARPI			THERESA	MIDDLE		RNATI LAS	
4/		VAS DECEASED EVE		WAR OR DATES)	CIAL SECU		17 INFORMANT	ADDR			1. S.A.
2.1		(IF YES GIVE WAR OR DATES) 220-30-8535 MRS. NANCY SCARPELLI, FROSTBURG									
ĺ		18 CAUSE OF DEA		y one couse per line for BY HE	sen7	teric	artery	throm be	212	BETWEEN	MATE INTERVAL DNSET AND DEATH
		4392 DUE TO, OR AS A CONSEQUENCE OF									
9		Conditions, if on gove rise to in		(b)	AS	CV	0				
- the		underlying cou		DUE TO, OR AS A C	CONSEQUE	NCE OF				1	
à		DART 2 OTHER CH	CALIFIC AND C	(c)	ITALIO TO O						
n je r	Z	PART 2. OTHER SIC	SNIFICANIC	ONDITIONS CONTRIBC	JING IOD	BEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
ows ony	CERTIFICATION	19a DATE OF OPER	ATION	196 CONDITION FO	OR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
8 5		21g. ACCIDENT WAS U		216. TIME OF INJUR HOUR A.M. MO		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU			
Item	CAL	(IF EITHER NOTIFY ME	DICAL EXAMINER)	P.M.		19					
rkedor	MEDICAL	21d. INJURY OCCU	WHILE	(AT HOME STREET, FACTO		ARM ETC)	21! LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
e s		22a. I certify that (I) (this hospit	ol) ottended the deceo	sed from	2 .	27 1982		7	9.82	that (I) (we) lost
~		sow the deced	sed dlive on	view the body ofter de	19		d that in (my) (our) opinion i	deoth occurred on the d	ote and hour	and from the	couses stoted
i i		226 SIGNATURE	//	, we will be oddy diver de	UIII.		PEGREE			22c DATE	SIGNED
¥ E		n	lan	seign 1	w.		ATTENDING PHYSICIAN	MEDICAL STA	FF HAN []	35	none, -
21		228 PHYSICIAN'S	JAME TYPE OF	PRINT)			22e ADDRESS				
PORT		UREIL VE	LANDIA	, M.D.			924 SETON DR	IVE, CUMBER	LAND, M	1D 2150	2
5		URIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION			
_	L '	BURIAL		MAR. 10'82	ST.	MICH	HAELS CEMETER		RG. MD	COUNTY	STATE
1/81		NERAL DIRECTOR			ADDRESS		21532 MATERI			ARISISHE VAT	JRE
1)	DUF	RST FUNER	AL HOM	E: 57 FROST	AVE.	, FRO	STBURG, MD	- 1005	-		

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STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

TE OF DEATH MONTH 9-82 (IN YEARS LAST BIRTHDAY) 75 YR	IF UN MONTH	DEN FILER	26 HOURS	PN
112	MONT	DEN FILER		
75 YR		MS DAIS	HOURS	MIN.
TIMORE CITY OR COU	VTY OF	DEATH		
ALLEGANY				MD
UAL OCCUPATION F WORK FOR MOST OF WORKIN			F BUSINE	SSOR
USEWIFE		OWN	HOM	E
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CUMBERLAND

NO OR UNKNOWN)

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30. STATE 131, CITY OR TOWN SOMERSET

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

4 RACE

EIRST

I STATE OF FOREIGN

MEYERSDALE

NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CUMBERLAND NURSING

15 MOTHER'S MAIDEN NAME SELMA

MIDDLE

PISMW (MALE) 4. FATHER'S NAME IVAN

FOR

REGISTRAR 1 DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY

130. STATE

NO

IFICATION

MEDICAL

4

oth plea

NEW YORK

3. SEX

BUSCK 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

166 SOCIAL SECURITY NO

17 INFORMANT

A TUKH ART MD. MR. WILLIAM SCHERER. PINEY MT. ROAD

HOVANDER

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

8 2 0 5 10 3

IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116

THE CONDITION FOR WHICH OPERATION WAS PERFORMED

78e: ALTOPSY? NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY

COUNTY

21s. ACCIDENT WAS UNDERSTOOD [7] DE CONTRIBUTING CAUSE OF DEATH OF STHER NEDSTANDS AS EXAMINED

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR F.M

THE HOW INJURY OCCURRED. LINES WHILE OF HILLS IN THAT I DRAWN TO

THE INJURY OCCURRED THE TON

776 SIGNATURE

THE DATE OF OPERATION

21e PLACE OF INJURY LAT HOME STREET FACTORS OFFICE FARM ETC.) III LOCATION 578000

22s.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive or above. (I) (we) (did) (did not

and that in (my) (our) opinion death occurred of the date and hour and from the causes stated

STATE

724 PHYSICIAN'S NAME

ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN

23a BURIAL CREMATION, REMOVAL

23c NAME OF CEMETERY OF CREMATORY UNION CEMETERVA

77+ ADDRESS

CITY OF TOWN

SOMERSET

DHMH - 16 50M 1/81 (VRA 15, 4)

o

MPORT/

60 W. MAIN ST. HOME FROSTBURG

21b. DATE

	YMAUSIJIA	X.	, A. a.		MEN YORK,
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, A. a.	NAV SASDALE	YMATEMAC ICA	6. W 06		THE RESIDENCE
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STATE OF MARYLAND

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	-					SIAI	E OF MARYLAND				7-100	- 24 4
		FOR STATE REGISTRAR			DEPARTN		ICATE OF DEATH	HYGIENE	REG. NO	0	5 3	0 5
-		DECEASED NAME	FIRST Emmi	a	EDTTH		Smith		OF DEATH / / 03/82		Y YEAR	26 HOUR 9:50a
1	3	SEX		RACE	200	5. DATE C			(IN YEARS LAST BIRTI	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
4)	L	Femal		Whit		371	04/ 189		0	YRS	DATS	HOURS MIN.
of once.	3	BIRTHPLACE (STATE OF COUNTRY) Virginia		6 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		more city of egany C		OF DEATH	MD.
obtified with	Frostburg, MC			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET DORESS) Frostburg Community Hospita			126 LISUAL OCCUPATION 126 KIND OF BUSINES				F BUSINESS OR	
must be	13	SUAL RESIDENCE (# NU STATE aryland	rsing home or count Alleg	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cumber 1 at	١ .	138 INSIDE CITY LIMITS		et address #5- Wij	,	er Rd	
Mulius 11	14	FATHER'S NAME FIRST Addis	M	IDDLE T	Orndo		15 MOTHER'S MAIDEN		WIDDIE		LAST	
-	161	WAS DECEASED EVE		-	166 SOCIAL SECUI		Ceat	ta	ADDRES	S	В	Brill
e medic	_	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-54-7		J Malle	ery 48	Tarn Te	rrace,	Frost	tburg, M
und-fronti permit. Then please remove corbon popers. Pages 1 and 2 should be filed within 7 tental Hygiene prior to buriol, cremotion, or removol. Item 18 shaws any injury, or other troumotic event, the medical examiner must be restified at once	Г	18 CAUSE OF DEA	TH (Enter only WAS CAUSED	one couse per BY	line for (a), (b), and	(c).	, ,	01			BETWEEN	MATE INTERVAL INSET AND DEATH
or rem	oumotic event, the medici	4140	IMMEDIATE	DUF TO C	R AS A CONSEQUE	0	sicrosony 7	thily.	e			
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	2		GNIFICANT CO	ONDITIONS C	ONTRIBUTING TO D		NOT RELATED TO THE T				N IN PART 110	, ,
ny in	NOI TO STITUTE	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		JTOPSY?	IN CERTIFY!	WERE FINDIN	OF DEATH?
1ygie	100	21a ACCIDENT WAS U	NDERLYING	216 TIME C		OI.	21¢ HOW INJURY OC	YES CURRED (ENTER		YES	T 1 OR PART 2)	NO []
tem]				,	.M. MONTH DA .M.	Y YEAR						
rked or t	A POLICY AL	21d INJURY OCCU	WHILE		OF INJURY REET, FACTORY, OFFICE FA	RM.ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
deolifi is mo		220.1 certify that (, 19	, to		, 19), 1	hot (II (we) lost
n 21		saw the deced obove, (1) (we)	sed alive an (did) (did not)	view the body	ofter death.		nd that in (my) (our) opin	nion death occu	irred on the dot	e and hour a	and from the c	auses stated
Stote Dept		77b. SIGNATURE				DEGREE ATTENDIN PHYSICIAI		AL STAFF		22t. DATE S	SIGNED	
should be deter with the State IMPORTANT: I		224 PHYSICIAN'S	AME TO	1			22e ADDRESS					
with the Stot		Dr. M.	Genza	ga			Main St		tburg,	MD. 21	1532	
~ / _	23	BURIAL, CREMATION	I, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATO	23d. LC	CATION CITY OR TOWN		COUNTY	STATE
	74	Burial. FUNERAL DIRECTOR		Mar 6	,1982 R	est I	awn Mem Gar	dens]	LaVale	All	egany	Maryland
50M 1/B1 5, 4)		Silcox-Mer	nitt Po	nenel	ADDRESS 4	umber	catur St 250	MAR X	1982	france	Can'	Terus.
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COME TO SELL AS EMES

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR			CERTIF	ICAIE OF DEATH	REG. NO	0.			
	DECEASED NAME	FIRST	MIDDLE	i.	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR	
	PHI	LIP	E.	SM	ITH	MARCH 22.	1982		9:20 P	
3. S		4. RACE		5. DATE C	PF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
10	M		W	Aug.	19, 1908 AR	73	YRS	ONTHS DATS	HOURS MIN.	
Jr.	BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN	OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
S Pe	ennsylvania	10 to 10 to 10	USA	WIDOWE		ALLEGA	MY COL	NTY	M.	
	CITY OR TOWN OF DEAT		OF HOSPITAL, NURSIN	IG HOME O		12a USUAL OCCUPATI	ON	12h KIND O	F BUSINESS OR	
2	Cumberland		N SUCH FACILITY, GIVE STREET		ITAL	Retired	F WORKING LIFE	Farm	nø	
	UAL RESIDENCE (IF NURSIN			ADMISSION)				1 00 110		
	ennsylvania		Aptemas		134 INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS				
14. F	FATHER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NA					
25	Scott A.		LAST		Bessie	Elbin		LAS	ī	
	WAS DECEASED EVER IN	U.S. ARMED FORCE		RITY NO.	17 INFORMANT	ADDRE	SS			
3	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATI	(AR OR DATES) 219 03 9597 Edna M. Smith							
	18 CAUSE OF DEATH	Enter only one couse	per line for (a), (b), one	d (cu)	0			APPROXI	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WA	S CAUSEĎ BY: MMEDIATE CAUSE (c	Donte	al Failure	and An	una		OHIOE) MITO MESSIN		
	11/1/10									
	Conditions, if any,									
	gove rise to immediate									
	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. Dump Conhac Failure (old M. I.)									
	PART 2 OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO E		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	2	
NO.		tes Mellil	us (2) Bila	teril	CVA(3)Ca	tale				
CERTIFICATION	190 DATE OF OPERATION	ON 196 CC	ONDITION FOR WHICH	OPERATION		200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
7 E						YES T NOT	YES		OF DEATH?	
7 8	21a. ACCIDENT WAS UNDER		AE OF INJURY	WEAR	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
1 4	OR CONTRIBUTING CA	OSE OF DEATH	P.M. MONTH DA	AY YEAR						
MEDICAL	214 INJURY OCCURRE	D 21e PL	ACE OF INJURY		211. LOCATION					
1	WHILE NOT WHILE	Ε []	E STREET, FACTORY OFFICE, F.	ARM, ETC 1	STREET CITY OR TOWN COUNTY STATE					
		9 8 2	that (1) fwe) las							
3	220. I certify that (I) (this haspital) attended the deceased from March 1982, to Warm 22, 19 saw the deceased alive an March 22 19 32, and that in (my) (our) apinion death occurred on the date and hour o above, (I) (we) (did) (did not) view the body after death.									
	22b SIGNATURE	d) (did not) view the b	ody offer death.		DEGREE			22c. DATE		
		1711	Jo, my)	ATTENDING PHYSICIAN P	MEDICAL STAF		3/2	3/82	
	22d. PHYSICIAN'S NAA	AE (TYPE OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN [1	70	
	MALLY LIT IA	P M D			909-A SETON	DRIVE CUM	RERI AN	n Mn 2	1502	
73a	BURIAL, CREMATION, RE		- 172, N	JAME OF C	EMETERY OR CREMATORY	123d LOCATION	フニハレーハ	ک ماری	1,004	
1.30	ISPECIEY)			• •		CITY OR TOWN		COUNTY	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

Burial 3/26/82 Fairview Cemetery

74 FUNERAL DIRECTOR 1302 NATIONAL HIGHWAY

HAFER FUNERAL HOME: LAVALE, MD 21502

MAR 26 1982 Janes Jan Harthen

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within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Leterained by the hospital or attending physician.

BP.

(VRA 15, 4)

1	- STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	YGIENE REG. NO.	0 3 0
	DECEASED NAME FIRST	MIDDLE V	SMITH	20. DATE OF DEATH MONTH	7 82 6 15
3. 9		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	FUNDER LYEAR FUNDER 24 HE
out -	Male	Caucasian	1 5 95	87 YRS	
1 / /n	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
25	Maryland	USA	WIDOWED DIVORCED		
170	Cumberland	Lions Manor,	Seton Dr. Cumb. MD	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Farmer	12b. KIND OF BUSINESS OF INDUSTRY General
US I3e	STATE 136 C	ne or other institution, give residence in OUNTY 13c CITY OR The Cumber		Rt. 9, Box 47	
14 / D	FATHER'S NAME William	Boyd Smit	th Hannah	MODIE P	Boor
量 / 16a	WAS DECEASED EVER IN U.S.		ecurity no 17 informant 20-6034 Lions Manor	ADDRESS Nursing Home, Cu	umberland, MD
ic event	PART I. DEATH WAS CA	er only ane cause per line far (a), (b) (USED BY DIATE CAUSE (a)	ondicio Ostely 8 le	explor assidai	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ury, or other trau	Conditions, if any, whice gove rise to immediate couse 101, stating the underlying cause las	DUE TO, OR AS A CONSE	40 A.J. A. DE 009	tie Kezurgitate	ox Jears
any inj		ic Carace &	TO DEATH BUT NOT RELATED TO THE TE		
The shows any I	190 DATE OF OPERATION	196 CONDITION FOR WE	TEH OPERATION WAS PERFORMED	- IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
		F DEATH HOUR A.M. MONTH	DAY YEAR	URRED (EINTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
m 21 is		ospital) ottended the deceased from an analysis of the body ofter death.	0/4	on death accurred on the date and ha	our and from the causes stated
T: If 1te	226. SIGNATURE	a foller &	DEGREE ATTENDING PHYSICIAN		3 182
PORTA	22d. PHYSICIAN'S NAME (1	YPE OR PRINTIPLE LOSSIELL	12 Palus	dysedman (Ja 13545.
≥ 230	BURIAL CREMATION, REMO	17	23c NAME OF CEMETERY OF CREMATOR Pleasant Grove Cemt	23d LOCATION CONFORM Cumberland A	llegany Md.
	FUNERAL DIRECTOR		Decetur St 250. D	AR 1 2 1984	

STATE OF MARYLAND

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2 1	5	FOR STATE REGISTRA	2		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 8 2	0 5	; 0 3
The state of the s		L DECEASED NA	ME FIRST		WIDDLE	i i	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		(TYPE OR PRINT)	M.	L	DUISE	SPA	TES	MARCH 10,	1982	5:17 A.
		3. SEX		4. RACE	72	5. DATE C		6. AGE (IN YEARS LAST B		
2 2 2 2		FEMALE		WHIT	E	JUN	E 26, 1884	97	YRS.	HOURS MIN.
Pour dir	e - 1	OUNTRY)	STATE OR FOREIGN	76 CITIZENO	WHAT COUNTRY?	18	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
leath in 72	2	MARYL	LND	U.S.	A .	WIDOWE	NP.	ALLEGANY		MD.
ter o) led	IO. CITY OR TOW	N OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT		D OF BUSINESS OR
by the	(A)	CUMBERL	AND		RIAL HOSPI			HOUSEWIFE	OWN	HOME
£ 25	36	OSUAL RESIDENCE 130. STATE MARYLANI	13b CC		I GIVE RESIDENCE BEFORE 134 CITY OR TOW FROST BUF	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	T. PLEASANT	ST.
vithic vithing stely		14 FATHER'S NA	ΛE	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			
w bed w	(O)	HUC	GH	Moore	SPEIR		MARIAH	MIDDLE	NULL	LAST
xecul		160 WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	
be e	l aed	NO	1	one man on pares	215-26-6	5263	MR. WILLIAM	SPATES, FR	OSTBURG, MI	. 21532
the deat	ather traumatic event, the	Conditions	DEATH WAS CAL	DUE TO,	PR AS A CONSEQUE	ACC COF	recenous of	the pas	aculas /	ROXIMATE INTERVAL EN ONSET AND DEATH
ned plec	y, ar	PART 2 OT	HER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	NDITION GIVEN IN PART	1 lo
equir n sign Then r ta b	n l	NO DATE O		97	4 ear					
n. nas bee permit.	2 S 20	A DATE C	FOPERATION	1%. CÓN	DITION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
g physicion entificate h iol-tronsit	em 18 show	OR CONTRIBU	IT WAS UNDERLYING ITING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	YES	NO
G PHYS of the bure and Me	yed or	21d INJURY	OCCURRED NOT WHILE		OF INJURY TREET, FACTORY, OFFICE, F.		21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

224 PHYSICIAN'S NAME (TYPE OF PRINTE DR. RICHARD L. SNIDER

MEDICAL STAFF 72e ADDRESS BUILDING MEMORIAL MEDICAL 21502 CUMBERLAND.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL, 236 DATE

17s.1 certify-more

77h SIGNATUR

gw the decease

23c NAME OF CEMETERY OR CREMATORY

236 LOCATION CITY OR TOWN

COUNTY STATE

24 FUNERAL DIRECTOR DHMH-16 50M 1/81

MPORTANT: If Item 21 is ma

(VRA 15, 4)

DURST FUNERAL HOME, FROSTBURG, MD. 21532

hospital) attended the deceased from

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE name

FROST BURG.

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MPORTANT: If Item 21 is morked or Item 18 shows ony

Johnson F. H.

24 FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIN	ICAIL OI	PEATH		REG. NO.			
		OR PRINT)	FIRST	M	IDDLE		LAST		2a. DATE OF D	EATH MON	TH DA	AY YEAR	2h HOUR
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	3. SEX		4.	RACE		5 DATE	OF BIRTH		6. AGE LINYEAR	S LAST BIRTHDAY		FUNDER I YEAR	IF UNDER 24 HRS
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7	C	UMBERLAND,	MD	MEMOR		TAL.	OR OTHER IN	STITUTION	Retire		RKING LIFE)	12b. KIND C INDUSTRY Tanr	nery
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6		Charles	A. S	pencer			IV.	lelinda	a Amos	Spend	cer		
		AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRESS L	519	Finle	y St.
5		No			232-10-	2528	A N	rs Mel	linda H	larris	s, F	ittsl	ourgh, PA
-		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per l	ine for (a), (b), one	1 (c).				15	5206	APPROX SETWEEN	IMATE INTERVAL ONSET AND DEATH
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Ī	CATI	190 DATE OF OPERAT	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPS			WERE FINDIN	
	CERTIFICATION								YES N	IO IN	CERTIFYI YES	ING CAUSES	OF DEATH?
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		220.1 certify that (1) (this haspital) attended the deceased from											
		sow the decease obove, (1) (we) (c	ed plive on	view the body o	tter death	. 01	nd that in (my) (our) opinion	death occurred a	in the date o	nd hour c	and from the	couses stoted
	1	22b. SIGNATURE	so (dia ilor)	new me body c	mer deam.		DEGREE		and the same			22c DATE	SIONED
		Open	200	Dan	rouls	sen	2.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	N	31	5/81
	100	22d. PHYSICIAN'S NA	ME TYPE OF P	RINT)	3		22e. ADDRE	SS	0		1		1
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		URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATIO		-		
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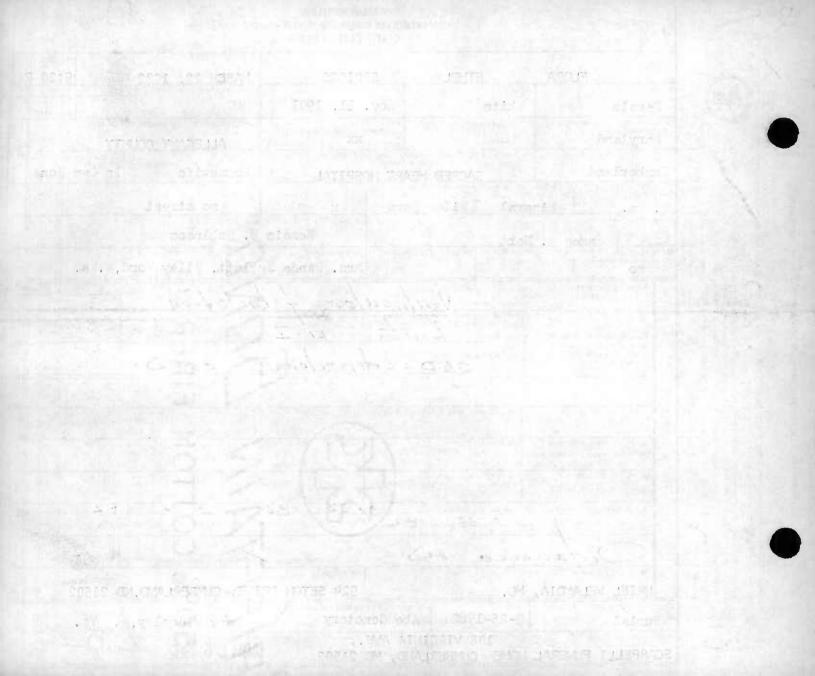
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DHMH - 16 50M 1/81 (VRA 15, 4)

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WHILE AT WORK	g physic g physic entiticate entiticate inal-transitional Hygien 18 sh		OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH		21c. HOW INJURY OCC	CURRED (E		URY IN ITEM 18 P	ART I OR PART 2)	
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ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	TTENDIN pital ar TOR: Af for use a of Health							The second secon	, 10			19 82	that (I) (we) last
URIEL VELANDIA, MD. 924 SETON DRIVE, CUMBERLAND, MD 21502 338 BURIAL, CREMATION, REMOVAL 23b DATE BURIAL CREMATION, REMOVAL 32b DATE 3-25-1982 Abe Cemetery Near Ridgeley, W. Va. DHMH-16 50M 1/81 24 FUNERAL DIRECTOR 108 VIRGINIA AVE., 250 DATE REC'D BY REGISTRAR 25b REGISTRAR 25	the hos AL DIREC eroched te Dept.		DEGREE 226 DATE SIGNED ATTENDING APPLICAL STAFF										
URIEL VELANDIA, MD. 924 SETON DRIVE, CUMBERLAND, MD 21502 338 BURIAL, CREMATION, REMOVAL 23b DATE BURIAL CREMATION, REMOVAL 32b DATE 3-25-1982 Abe Cemetery Near Ridgeley, W. Va. DHMH-16 50M 1/81 24 FUNERAL DIRECTOR 108 VIRGINIA AVE., 250 DATE REC'D BY REGISTRAR 25b REGISTRAR 25	SPITA LERA VER VER VER VER VER VER VER VER VER VER		22d. PHYSICIAN'S MA	ME TTYPE OR	PRINT)				N DIKE	CTOK PHYSI	CIAN		
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I SCARFELLI FUNERAL MUME (LIMBERTAND), MD 21502 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			NAME	VERAI	10 HOME	8 VIRGIN	IIA AVE	21502					



STATE OF MARYLAND

- STATE REGISTRAR	FIRST	MIDDLE	CERTIFICATE OF DEATH			Laurana
(TYPE OR PRINT)	Herman	F	Steel	3/25/82	MONTH DAT TEAR	26 HOUR
3 SEX male	4. RACE	iite	5. DATE OF BIRTH 3/ 12/ 10 YE	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
Marylan	d US	• •	MARRIED NEVER MARRIE	Allegany	OR COUNTY OF DEATH	
Frostburg,	MD.	os tburg	NURSING HOME OR OTHER INSTITUTION OF COMMUNITY HOSPITA	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST O	ON 126, KIND (DE WOOKING LIFE) INDUSTRY ROOM TI	re Co
130 STATE Md 14 FATHER'S NAME	NURSING HOME OR OTHER INSTITUTION TO THE COUNTY Alegany	13r CITY (Mt Savage NO	x Rt 1	Box 85 B	
Harn		Ste		A E WIDDIE	Logsdon '	ST
160 WAS DECEASED E	VER IN U.S. ARMED FORCE	- (2	-01-6392 J Malle	ry 48 Tarn Ter		ourg,MD
Canditians, if gove rise to couse (a), sunderlying and PART 2. OTHER	any, which immediate stating the ouse lost. Cosignificant condition	O, OR AS A COL	NSEQUENCE OF PURILLENARY NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE			
190 DATE OF OP	NA		WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO▼	20b. IF YES, WERE FINDE IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY 214 INJURY OCC	CAUSE OF DEATH HOUR MEDICAL EXAMINATE 21e. PLA	P.M. CE OF INJURY CE OF INJURY STREET, FACTORY,	TH DAY YEAR 19 211 LOCATION STREET	CCURRED (ENTER NATURE OF INJUR		STATE
220. I certify the saw the decobove. (1) (v. 22b. SIGNATURE	t (I) (this hospital) attended asset alive an 2/10 (did) (did not) view the b	the deceased	from	pinion death occurred on the do	22c. DATE	causes stated
Dr M Rot			Broadwa	y, Frostburg,	MD.	
230. BURIAL, CREMATI (SPECIFY) Burial 24 FUNERAL DIRECTO NAME	Mar.	29182	St. Patrick Cem	CITY OR TOWN	Vage Md	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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6	4	

FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

3 SEX

CERTIFICATION

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MPORTANT:

76. BIRTHPLACE

COUNTRY

Male

TAES TO BE SHKHOWN

Md

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI

LAST

5 DATE OF BIRTH

WIDOWED

STEELE

10/30/1912 48

MARRIED WEVER MARRIED

E OR OTHER INSTITUTION

YES -

CERTIFICATE OF DEATH

DIVORCED

NO

15 MOTHER'S MAIDEN NAME

2	0	5	

ENE O A	-	togl		Gott
REG. NO.				
20. DATE OF DEATH MONTH	DAY	YEAR	2b HOU	R
MARCH 24, 1982	2		02:1	O AM
AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER	24 HRS
69 YRS.	MONTHS	0A15	HOUNS .	MIN.
BALTIMORE CITY OR COUNT	Y OF DE	ATH		
ALLEGANY COUN	VTY,			MD.
170 USUAL OCCUPATION	12b.		F BUSINE	SSOR
Retired Kelle	УТ	ire	Co	
20 STREET ADDRESS				

	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				
Cumberland	SACRED HEART HOSPITAL				
USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)				

4. RACE

NMI

White

76. CITIZEN OF WHAT COUNTRY?

ILS.A

llegany Lonaconing 14 FATHER'S NAME Andrew

2 YES WYE WY OR DATES)

CLAUDE

Steele 16b. SOCIAL SECURITY NO

13c. CITY OR TOWN

Elizabeth 17 INFORMANT Mrs.Alice Steele

13d INSIDE CITY LIMITS?

ADDRESS

8 High Street

Todd LAST Lonaconing, Md.

18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE		Congestive	Heart	Fuilure	APPROXIMATE INT BETWEEN ONSET AN PRO- 145
4100 Canditions, if any, which	DUE TO OR AS A	CONSEQUENCE OF		38716-11-7-	months.
gave rise to immediate cause (a), stating the underlying cause last.)	CONSEQUENCE OF			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Chronic obstructive pulmonary disease. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY OFFICE, FARM ETC.)

200 AUTOPSY? NO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION CITY OR TOWN

22a.	I certify	that Thi	s hospital) attended	the dece	ased from	
	sow the	deceased o	live on	m	4-19	23 19	82
	above	Dwe) (did)	did nati v	new the bo	dy after a	leath	
22b.	SIGNAT	JRE	2			1534	

NOT WHILE

DEGREE Dry

Murch 9

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 3-24-82

STATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

55 JACKSON STREET LONACONING, MD 21539

LESI IF R. MILES, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23t NAME OF CEMETERY OR CREMATORY

Sunset Memorial Park Cumberland "A". MdSTATE

24 FUNERAL DIRECTOR

EICHHORN FUNERAL HOME MAIN ST., LONACONING,

(VRA 15, 4)

BP.

21539

DHMH - 16 50M 1/B1

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00 BY	ettred Melley Til	9 14	11923170		Cumberland
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	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 2	0	5 5	1 3
		CEASED NAME FIRST JACK	LATHAW		JMMERS	20 DATE OF DEATH MARCH 1			26 HOUR 10:00P
	3. SE	х	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) II	F UNDER 1 YEAR	IF UNDER 24 HRS
		Male	White		t. 27, 1939	42	YRS.	ONTHS DAYS	HOURS MIN.
15		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIE WIDOWE	DINEVER MARRIED DINORCED	9 BALTIMORE CITY O		OF DEATH	MD
50	(CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIA	L HOS	OR OTHER INSTITUTION SPITAL	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Salesm	ON F WORKING LIFE)	126. KIND O INDUSTRY Bake:	F BUSINESS OR
35		Maryland A	or other institution give residence before INTY 13c CITY OR TOWN INTO The Country of the City of the C		13d. INSIDE CITY LIMITS?		estnu	t St.	
exomin		Clifford	Summers		Helen	WIDDEE	Fis	her	ı
nedico	16a \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	NIC LIVE D. CO. C. LEGO.		Mrs. Donna	ADDRE		+ b	Ma
event, the r		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	alu ana saura navilas favis (h) an	d call	suly Accid				MATE INTERVAL DINSET AND DEATH
y, or other troumat		Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSPÓU	ENCE OF	Gral faither	INAL DISEASE OR CONI	OITION GIVE	N IN PART 110	31
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8 9 9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN		AY YEAR	21c. HOW INJURY OCCURR			T I OR PART 2)	
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em zi is me		· ·	oitol) ottended the deceosed from 19 001) view the body ofter death.	, or	d that in (my) (our) apinion o	, to leath occurred on the do			
ANT: #		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	D, A6	TM ATTENDING PHYSICIAN D	MEDICAL STAF DIRECTOR PHYSIC	F IAN	3/1	8/82
MPORT			NAHTIUNA		MEMORIAL		MEDICA	AL BU	ILDING
-		URIAL, CREMATION, REMOVA SPECIFYI Burial INERAL DIRECTOR			rg Memorial P			COUNTY Legany ARS IGNATI	
		Durst Funera	1 Home, Frostbur	g. Md	21532 M	AN 24 1982	Oppose	Jean	/ larling

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J FUNERAL DIRECTOR. avild by detached for up th the Stote Dept. of Hec

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MPORTANT

L DECEASED NAME

Male

Maryland

14 FATHER'S NAME

Ja. BIRTHPLACE (STATE OR FOREIGN

West Virginia

10 CITY OR TOWN OF DEATH

Cumberland

IRVING

TYPE OR PRINT

3. SEX

FOR - STATE REGISTRAR

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 138. STATE Allegany

White

U.S.A.

PAUL

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SUTHERLAND

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

SACRED HEART HOSPITAL

CERTIFICATE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
JTHERLAND	MARCH 8,1982		1:04 PA
TOTAL STATE OF BIRTH 24 1895	6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	MONTHS DAYS	IF UNDER 24 HRS
MARRIED NEVER MARRIED NOT	9. BALTIMORE CITY OR COUNT ALLEGANY COUN		MC
HOME OR OTHER INSTITUTION RESS) ART HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126. KIND O	F BUSINESS OR
MISSION) 13d. INSIDE CITY LIMITS? YES NO \[\]	13eRter 100Willers	Road	
15 MOTHER'S MAIDEN NAM	MIDDLE	ille LAST	
Y NO. 17. INFORMANT	ADDRESS		
5 Mrs. Barney I	Miller Baton, Ma	ryland	
le CHFI with	pleasel effe	BETWEEN C	MATE INTERVAL DINSET AND DEATH

	FIRST	DLE LAST	FIRST	MIDDLE	LAST	
1	Harmon	Sutherland	Nora		Saville	
	WAS DECEASED EVER IN U.S. ARMEI		17. INFORMANT	ADDRES	S	_
	YES, NO OR UNKNOWN) (IF YES, GIVE WA	216-07-7245	Mrs. Barney	Miller Baton	, Maryland	
TION	PART I. DEATH WAS CAUSED 8' IMMEDIATE C Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		RMINAL DISEASE OR COND	effect DW P	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR A HICH PPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO	1?
CAL	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY		JRRED (ENTER NATURE OF INJURY	IN ITEM 18. PART 1 OR PART 2)	
MED	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY STA	ATE
	220.1 certify that (1) (this hasp of)	attended the deceased from 19		2 , to Share	190 2, that (I) (we	e) [

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Burial

saw the deceased a

M.B.

CHANG OH,

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 3/19/82

23¢ NAME OF CEMETERY OR CREMATORY Philos Cametery

DEGREE

22e. ADDRESS

ATTENDING

48 TARN TERRACE. FROSTBURG 23d. LOCATION

and that in (my) (aur) opinian death accurred an the date and haur and from the couses stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Westernport Allegany, Md.

24 FUNERAL DIRECTOR BOALS FUNERAL HOME 111 CHURCH STREET WESTERNPORT, MD 21562

22c. DATE SIGNED

MANUEL STATE

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

[1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
	ECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Goldie	Elizabeth	TWIGG	March 12.	1982	2:00 AM
3 St	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		AR IF UNDER 24 HRS.
	F	W	Jan. 31, 1908	74	YRS.	S HOURS MIN
(a. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED A NEVER MARRIED	A BALTIMORE CITY OF	COUNTY OF DEATH	
	Swanton, MD	USA	WIDOWED DIVORCED	Allegany		MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
	Cumberland	Memorial H	ospital	Housewife		
13a	JAL RESIDENCE (IF NURSING HOME O STATE 13b, COU MD A1.	NTY 13c. CITY OR TO	ORE ADMISSION) DWN 136 INSIDE CITY LIMITS MDETLANDY ES X NO 15. MOTHER'S MAIDEN	? 13e STREET ADDRESS 860 Sper	ry Terrace	
	Jeremiah Sweit:	MIDDLE LAST	Martha	WIDDLE		AST
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		ADDRE	SS	
	No		7-0821E Arnold T	wigg, Same		
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	ouence of	ERMINAL DISEASE OR COND	7	NWAJE INJERVAL NONSELAND DEATH
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES []	DINGS USED ES OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJUR		
MEC	WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR YOU	AN COPNIA	STATE
	sow the deceased give or obove(I) (he) (did vidid no 22b. SIGNATURE	Cens	DEGREE ATTENDING PHYSICIAN		te and hour and from th	the couses stoted E SIGNED
	Anthony Boll		955 Frede	rick St, Cumb	erland. MD	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial FUNERAL DIRECTOR		Pleasant Grove	23d LOCATION CITY OR TOWN	and. Alleg	any Co, MI

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

John J. Hafer, Jr, 1302 National Highway

MAR 1 5 1982 Zarces Ven Tarther

Laids - Winder In 14 d (S) SET . 21 d b all Jam. 31, 1993 74 dispersion of the state of the Cusherland Latrough Latrough bushand nositi anitani THE CAME A LOOK TWEEK, CAME and the second of the second Antiday tolling Ar. All ... The are exist to one than to ... Fortal 3/12/82 Calendary Graves Cumbo land, till may be, it John J. Haiser, Jr. 1902 Hattoned Statement - 15 790 of the Paris

STATE OF MARYLAND

	STORY TOTAL ALWAY	
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us, ou streuwin, no. 10.		
	T STATE STEERING SACRAGE STATE	Salar I

signed by the ottending physicion and completely filled in by the funeral direction please remove carbonpapers. Pages I and 2 should be filed within 72 hours

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the busial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1.	FOR STATE REGISTRAR	•		DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 3 2	0	5 .	17
1		CEASED NAME	FIRST		AAD T.	1/4	LAST	20. DATE OF DEATH			2b. HOUR
	3 SE		HELMA		MARIE		NMETER	MARCH 1			9:15P _M
		Female		Whit	-	Ma.	rch 5, 1907	6. AGE (IN YEARS LAST BIR	YRS.	FUNDER 1 YEAR	HOURS MIN.
35		IRTHPLACE (STATE OR F COUNTRY) Maryland		US		MARR		9 BALTIMORE CITY O		OF DEATH	MD
2 Giffied		UMBERLAN		HAME OF H	OSPITAL, NU PEMOR I	RSING HOME TREET ADDRESS)	SPITAL	120 USUAL OCCUPATION OF SERVICE HOUSEWIT		126 KIND O INDUSTRY UWN	Home
Tar.be	130 : M:	aryland	13b COUNTY Allega		13t. CITY OR 1 Cumbe	IOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Route 1			
Je/C	14 F/	ather's name John (G. Gordo	on .	LAST		15 MOTHER'S MAIDEN NA	lla Beltz		LAS	7
medico		WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WAR		16b. SOCIAL S	ECURITY NO.	Mr. Emory	. Van Meter			sband d.
lury, or other froumo	Z.	Conditions, if ony, gove rise to imm cause to stating underlying couse PART 2 OTHER SIGN	which pediote g the lost.	(c)	AS A CONSE	13	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	OITION GIVE	N IN PART I	
lui huo smoy	CERTIFICATION	190. DATE OF OPERAT				IICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDIN	NGS USED OF DEATH? NO
Hem 18 s	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.M	A. MONTH	DAY YEAR		RED (ENTER HALL DE DUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	
orked or	MED	21d. INJURY OCCURR		21e. PLACE C (AT HOME STRE	OF INJURY ET, FACTORY, OFF	ICE, FARM ETC	211 LOCATION STREET	CIT OF	10	COUNTY	STATE
em 21 is me		22s I certify that () see Secrete spoor () (we) is 22b SiGN Pries		the lody i	deceosed fro tter death.	(/1)	and that (m) (our) opinion	death accurred on the do	ite and hour o		
MPORTANT: If He		726 PHYSICIAN'S NA	2	1	~	M	ATTENDING	MEDICAL STAF	F IAN []	3 DATE	SIC
PORT		W. G	Y FIS	cus,	M.D.			ERLAND, MA			21502
<u>×</u>		BURIAL, CREMATION, P	REMOVAL 23	3-15-	1982	Oldton	CEMETERY OR CREMATORY on Cemetery	23d LOCATION OLD TOWN	n, Alle	county	Md .STATE
/81	24 FL	NAME NAME	nes F. S	carpe	111 ADDRE	Cumber	land, Md.	ERECO EXREGISTAR	ISE REGISTRA	R'S SIGNATI	JRE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR - STATE REGISTRAR			DEPARTM	LENT OF H	E OF MARYLAND FEALTH AND MENTAL HYG FICATE OF DEATH		0	5 5	19
		CEASED NAME	BAR	RACE	MIDDLE H	VAL S. DATE O	LIZER DE BIRTH	REG. NO 20 DATE OF DEATH MAR CH 6. AGE (IN YEARS LAST BIRT	MONTH DA	Y YEAR	26 HOUR AS H UNDER 24 HRS
1		Male		Whit	e	Aug	31 1894	8		INTHS DAYS	HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70 B	IRTHPLACE (STATE OF I	OREIGN	b CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
1 1 50	Ma	rvland		U.S		WIDOW	DIVORCED [Alleg	any MD.
1 11 190	Cu	mberland		UMBE	ERLAND	NURS	SING HOME	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FMPLoyee	WORKING LIFE)	INDUSTRY	road
rely filled in the 2 should be fill rine must be	130 Ma	AL RESIDENCE (IF NURS STATE ryland	13b. COUN Alle	TY	13¢ CITY OR TOWN	V		13e. STREET ADDRESS Star Rout	e		9
completely 1 and 2 sh	14 Fz	ATHER'S NAME FIRST	۸	NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
d comple	160 \	John VAS DECEASED EVER		rank	Wallis		Amanda 17 INFORMANT	ADDRE:			gan
be exe		YES, NO OR UNKNOWN)		WAR OR DATES)	220-10-5		Wade Wallize		Sta	r Rout	MATE INTERVAL
requires that the death certificate in signed by the ottending physicis. Then please remove corbonopeer it to buriol, cremotion, or removal. injury, or other troumotic event, th	NOI	Conditions, if ony, gove rise to imm couse (o), stohn underlying couse	which nediote g the lost.	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
The low ration. the hos been sait permit. regione prior shows ony is	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH O	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	
HYSICIAN: The right of right of the right of right	MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION (IF EITHER, NOTIFY MEDICAL INJURY OCCURE)	AUSE OF DEAT	P. 21e PLACE	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURI				
DING PP or otten After the se os the olth and morked a	ME	WHILE NOT WH	ILE	(AT HOME ST	REET, FACTORY OFFICE, FA	RM, ETC)	STREET	CITE DA TON		COUNTY	STATE
TTEN Pritol For us of He		22a.1 certify that (1) sow the decease above, (1) (we) (c	d olive on	7/	1900		nd that in (my) (our) opinion	deoth occurred on the do	le ond hour o		that (I) (we) lost
ITAL OR A by the hosy the hosy detoched tote Dept. NT: If Item		22b. SIGNATUR	Pi	lu	in N		ATTENDING PHYSICIAN	MEDICAL STAF	: AN 🗌	37 DATE	s/n
TO HOSPITAL of the certained by the certained by the should be deto with the Store [MAPORTAN]. If		22d. PHYSICIAN'SN	P.	HAI	Mos		The ADDRESS	Elley	s1. C	elul	Beilard
	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	(COUNTY	STATE
BP	24 FI	Burial JNERAL DIRECTOR		Mar 17	, 1982 Hi	llcre	est Burial Parecatur St	Cumberla	nd Ala	egany	Maryland
DHMH - 16 50M 1/B1 (VRA 15, 4)		lcox-Merri	tt Fu	neral S				- 130E		1	CD3 Military

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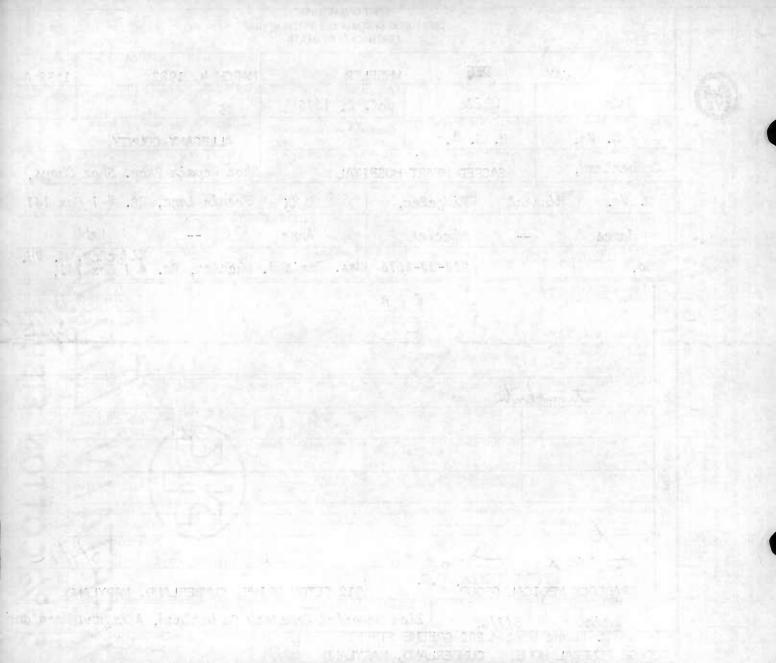
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		EGISTRAR			MEDICAL	EXAMIN	ER'S C	ERTIFI	CATEC	F DEA	TH	REG. NO.			
T		EASED NAME	FIRST		MIDDLE			LAST		2	OF N	NOWN ESTI-	MONTH	DAY YEAR	2b. HOUR
	11116	OKPRINI	Vinc	ent	E.		Wei	mer			DEATH A	ATED [3-	28-,82	D810
3	SEX	4.	RACE	S. DATE OF BIR	TH AY YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER		C DATE	ED.	MONTH	DAY YEAR	2d. HOUR
9	Ma	le W	hite	May 16		82 YR	S. MONIE	DAYS	HOURS	MIN.	DEAD	3-	28-8	2 19	0810
Ì		THPLACE (STAT	EOR	76. CITIZEN OF	WHAT COUN	ITRY?	B. MARRI	ED X NE	VER MARR	IED 🗆 5	BALTIMO	RE CITY OR	COUNTY	OF DEATH	Anna D
	_	enna.		U.S.	A .		WIDOW	10.4	DIVORC		ALLI	GANY			MD.
1	D. CIT	Y OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NU		, OR OTH	ER INSTITU	JTION		AL OCCUPA		OF WORK	2b. KIND OF BU OR INDUST	ISINESS RY
		Frost	מיובור		therg		ital				Deale			Lumbe	r
	JSUAI 3a. ST	RESIDENCE (IF	IN NURSING HOME O	R OTHER INSTITUTION	N, GIVE RESIDENCE	OR TOWN	ON)	13d INSIDE	CITY LIMITES						
		ryland		egany	Fr	ostbur	g	YES X	NO 🗌	ISE. SIRE	17 M	t. Pl	Leas	ant St	•
=		HER'S NAME		MIDDLE		IAST		15. MOTH	IER'S MAIDI	EN NAME	MIDI			1241	
		Edward		MIDDLE	Weim	0.101			Saral	h.	WIDI	71.	C:	haney	
1	6a. W	AS DECEASED E	VER IN U.S. ARA	MED FORCES?		CIAL SECURITY	NO.	17. INFOR				ADDRESS			
	(16:	No	(IF TES, GIVE	WAR OR DATES)	2711	-112-01	129A	Mrg	. Els	sie V	Veime	r. Fr	cost	burg,	Md.
			DEATH (Enter on TH WAS CAUSE	ly one couse per										APPROXIMAT BETWEEN ONSE	EINTERVAL
l		PART I DEAT	TH WAS CAUSED	BY:	CUTE	MYOCA.	RDIA	T TV	IFARC	J. TOW				SUDDI	
l		410	O		OR AS A CON	SEQUENCE ()F						160		
L	-		if ony, which to immediate	(b)											
I		cause (a) st	ating the under-	< 1-1	OR AS A CON	SEQUENCE C)F								
ı		lying cause	1051.	(c)											
		PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELA	ATED TO THE TERM	NAL DISEASI	OR CONDITIO	ON GIVEN IN PA	RT 1 (a).					
	NO														
	CERTIFICATION	19a. DATE OF O	PERATION	19b. CO1	NDITION FOR	WHICH OPER	ATION W	AS PERFO	RMED?		25			20. AUTOPSY	?
	Ē								25.0					YES 🗆	NO 🔽
		21a. EXTERNAL	CAUSE WAS		A.M. MONTH	DAY YEAR		OW INJUR	Y OCCURRE	D (ENTERN)	ATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART	2)	
	3	CONTRIBUTING	CAUSE OF	DEATH	P.M.	19									
	MEDICAL	21d. INJURY OC		STREET	CE OF INJURY			CATION			CITY OR TOWN	1	COUN	NTY	STATE
	2	AT WORK	AT WORK]	, , , , , , , , , , , ,										
1		22g. Lontify	that I took charg	e of the remains	described obc	ove, held on	Autop	sy 🗍	Inspectio	n X	Inquiry	ond ond	in my apir	nian	-
		deoth resulted		ral couses ,	Ascident	n .	cide	, Hom			rmined mon		,,		
			^	2					SPECIFY)						
		ACTUAL SIGNATURE	1/ 00	6	who	7		,	SSIT	. MEDIO	CALEXAMI	NER	DATE	3-28	-82
I	-		D	ATTE CRIA	ALL THE	n		I	PTY.				0.0		D 10
1	agend .	EXAMINER'S N. (TYPE OR PRINT	AME 22	AUL SNO	OW, M.	11 ·		ADDRESS.	M	EMOK I	AL HO	PITAL	1, 60.	MEERLAN	D, MD
1	3a. BU	RIAL, CREMATIC	ON, REMOVAL	3b. DATE	23c. I	NAME OF CEA			ORY	23d, LOC	CATION		COUNT	TY G	TATE
1	(5)	Burj	al	far. 31.	1982	St. A	nns	Ceme	terv		vilto	n. G	arre		_
	24. FU	NERAL DIRECTO	OR		RESS						REGISTRAR				94
			Funeral			irg. Md			MI	$u \ni v$	1982	N Wall	-(1		the contract of the contract o

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CUMBERLAND, MARYLAND

GEORGE FUNERAL HOME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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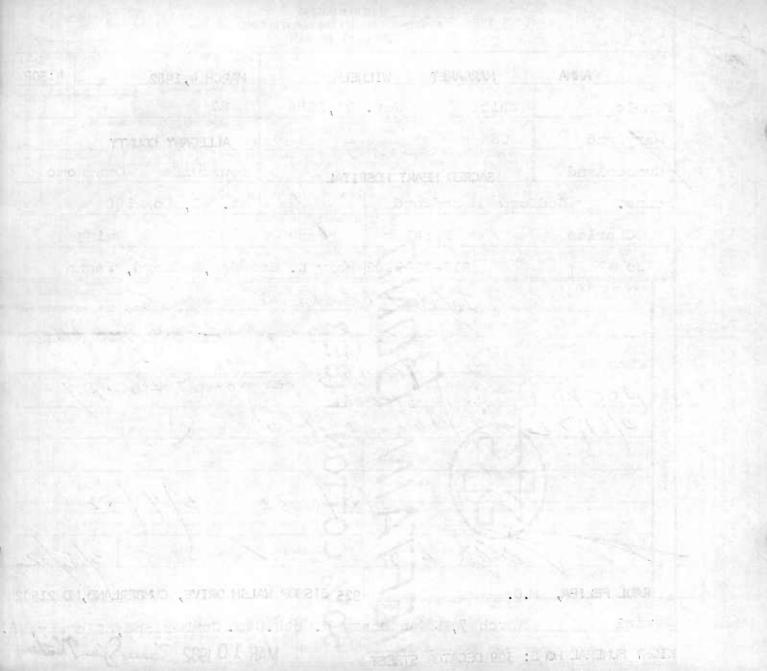
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG) 5 5	las la
	1. DECEASED NAME FIRST	MIDDLE		AST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
į	(TYPE OR PRINT)	MARGARET	WII	HELM	MARCH 4.1982		4:30PM
1	3. SEX	4 RACE	5 DATE C	OF BIRTH ·	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	White	Nov.		87 _{YRS}	MONTHS DAYS	HOURS MIN
,	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
١	Maryland	USA	WIDOWE	37	ALLEGANY CO	UNTY	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCUPATION	126. KIND C	F BUSINESS OR
<	Cumberland	SACRED HEAR	ET HOS	PITAL	(TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	Own F	Iome
1	USUAL RESIDENCE (IF NURSING HONOR 130 STATE COUNTY Penna. Sed:		e admission)	136 INSIDE CITY LIMITS?	Rt. #3, Box	300	
-		MIDDLE LAST .		15 MOTHER'S MAIDEN NAM			
1	Charles	Daeh.	ler	Mary	MIODIE	Twigg	j
	160 WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)		17 INFORMANT	' ADDRESS		
	No	213-22	-3302	Mary E. Gr	owden, Bedfor	,	MATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse to, storing the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	nen	of Vring	Hadder with	Body leden	lela;
>	PART 2 OTHER SIGNIFICANT OF THE DATE OF CIPERATION THE DATE OF CIPER	196 CONDITION FOR WHICH		OT RELATED TO THE PSYMI	200 AUTOPSY?	ES. WERE FINGING CAUSES	AGS USED
1	ZIA ACCIDENT WANTAGERIVAGE T	6 1 fludu	5-	Mrc-1-00/	YES NOW	res 🗍	NO 🗌
,		HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IS	, PART I OR PART 2)	
i	216 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	JII LOCATION			
	WHILE NOT WHILE AT WORK	THE PEACE OF INJURY OFFICE I	FARM ENC	6/22	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceosed from		d that in (my) (our) apinion o	leoth occurred on the date and hy	/	that (I) (we) lost causes stated
	776 SIGNATHE	1.11		DEGREE	MEDICAL STAFF	22c DATE	SIGNED
	/	erga M	0	PHYSICIAN 2	DIRECTOR PHYSICIAN	3/	5/82
1	274 PHYSICIAN'S NAME (1191 O	arrent)		22e ADDRESS		1	/
-	RAUL FELIPA, I	M.D.		1925 BISHOP WA	ALSH DRIVE, CUM	BERLAND,	MD 21502
	23a. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATÉ
	Burial M FUNERAL DIRECTOR	March 7.82Ce	nten	ary U.Meth.	Cem. Cumberla	nd Alle	gany Mo
	KIGHT FUNERAL HOME	E: 309 DECATOR S	TREET	MA	REC'D. BY REGISTRAR 256. REGI	STRAIN SIGNAT	Wather

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF

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inding physicion and campletely filled in by the funerol director carbonpopers. Pages 1 and 2 should be filed within 72 haurs of

with the outer Dept. Or recurred method hygiene prior to borron, cremation, or removed. MPORTANT, If them 21 is morked or them 18 shows ony injury, or other traumatic event, the medical exeminer

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the busial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to busial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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Oldtown, Allegany, Md.

BY REGISTRAR 256. RESISTRARS SCHATURE

1 0							REG. N			
	PECEASED NAME	FIRST	. 1	AIDDLE		AS1	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
		FLORE	VCE	AGNES	WOL	_FE	MARCH 12.	1982		12:50
3. S	EX	4	RACE		5. DATE C		6. AGE FIN YEARS LAST BE		IF UNDER I YEAR	# UNDER 24 HRS
	Female		White		Augi	ust 4, 1906	75	YRS	ONTHS: BAIS	HOURS MIN.
76 [BIRTHPLACE (STATE OR FO	OREIGN 7	b. CITIZEN OF US.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OF	_		M
(Cumberland		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AI RED HEART	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS OF
13a. Ma		NG HOME OR	other institution by	13c CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS? YES NOT	130. STREET ADDRESS Route	1		
14 F	FATHER'S NAME FIRST Alex	Dolar	DDLE	LAST		Virtie Ri			LAS	şī .
160	WAS DECEASED EVER IT		ED FORCES? WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Mrs. Norma I	ong, Cresa		Md.Da	ughter
TION	Conditions, if ony, gave rise to immuncouse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATE	ediate the last JEICANT CC	ONDITIONS CO	D:	EATH BUT	NOT RELATED TO THE TERMIN	INAL DISEASE OR CON		N IN PART TO	
H								IN CERTIES	ING CALISES	IGS USED
ERTI	21- ACCIDENT WAS LINDS	DIVING O	215 7045 0	- INTERPO		21. 11014 1111124 0.55	YES NO	YES		NGS USED OF DEATH?
MEDICAL CERTIFICATION	210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	AUSE OF DEATH	P./ 21e PLACE (M. MONTH DAY M. DE INJURY	19	21c. HOW INJURY OCCURR 21i LOCATION STREET		YES		OF DEATH?
MEDICAL CERTI	OR CONTRIBUTING CA	AUSE OF DEATH	HOUR A./ P./ 21e PLACE ((AT HOME STRI	M. MONTH DAY M. DF INJURY EET, FACTORY, OFFICE, FAI	19	211 LOCATION	ED (ENTER NATURE OF INJU	YES	R1 (OR PART 2)	OF DEATH?
	OR CONTRIBUTING CARE (IF EITHER NOTIFY MEDICAL INJURY OCCURRE WHILE NOT WHILE AT WORK A WORK 220.1 certify that (I) (I) (I) sow the decease above, (I) (we) (di)	AUSE OF DEATH	HOUR A./ P./ 21e PLACE C (AT HOME STRI	M. MONTH DAY A. OF INJURY SET, FACTORY, OFFICE, FAR deceosed from 10	19 RM, ETC)	211 LOCATION STREET 19 & (authorized that in (my) (our) opinion of	ED (ENTER NATURE OF INJU	YES	COUNTY 9 , and from the	STATE
	OR CONTRIBUTING CARE CONTRIBUTING CARE CARE CARE CARE CARE CARE CARE CARE	AUSE OF DEATH AL EXAMINER) ED this hospito d olive on d) (did not)	HOUR A./ P./ 21e PLACE ((AT HOME STRI) opended the view the body.	M. MONTH DAY A. OF INJURY SET, FACTORY, OFFICE, FAR deceosed from 10	19 RM, ETC)	211 LOCATION STREET 19 Ind that in (my) (our) opinion of DEGREE ALTENDING PHYSICIAN	ED (ENTER NATURE OF INJU	YES OWN 1 ote and hour	COUNTY	OF DEATH? NO STATE that (I) (we) lo causes stated
	OR CONTRIBUTING CARE (IF EITHER NOTIFY MEDICAL INJURY OCCURRE WHILE NOT WHILE AT WORK A WORK 220.1 certify that (I) (I) (I) sow the decease above, (I) (we) (di)	AUSE OF DEATH	HOUR A./ P./ 21e PLACE ((AT HOME. STR 1) optended the view the body.	M. MONTH DAY A. DE INJURY REET, FACTORY, OFFICE, FAI deceosed from after death.	19 RM, ETC)	211 LOCATION STREET , 19 dd thot in (my) (our) opinion o DEGREE ALTENDING PHYSICIAN WY ADDRESS	CITY OR TO CITY OR TO CITY OR TO Deeth occurred on the d MEDICAL STA DIRECTOR PHYSIC	YES OWN Tote ond hour FF CIAN	COUNTY 9 Cond from the 22c. DATE	OF DEATH? NO STATE that (I) (we) lo causes stated SIGNED
MEDICAL	OR CONTRIBUTING CALL CONTRIBUTING CALL CONTRIBUTING CALL CALL CALL CALL CALL CALL CALL CAL	AUSE OF DEATH AL EXAMINER) ED this hospito d olive on _ d) (did not) ME (TYPE OR F	HOUR A./ P./ 21e PLACE ((AT HOME. STR 1) optended the view the body.	M. MONTH DAY M. DF INJURY Tell, FACTORY, OFFICE, FAI deceosed from after death.	RM, ETC)	211 LOCATION STREET 19 Ind that in (my) (our) opinion of DEGREE ALTENDING PHYSICIAN	CITY OR TO CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC N DRIVE, CL 1334 LOCATION	YES OWN Tote ond hour FF CIAN	COUNTY 9 Cond from the 22c. DATE	OF DEATH? NO STATE that (I) (we) ic causes stated

FUNERAL HOME: 108 VIRGINIA AVE.,

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

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1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF THE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
1.	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
	ECEASED NAME	James	TI	MIDGLE 10MAS	Wolfe	-,5,-1	20 DATE KNOOF E		GAY YEAR 216 HK
M	ale	4. RACE White	5. DATE OF BIRTH		EARS IF UNDER 1 YR	R. IF UNDER 24 H		MONTH	DAY YEAR 24 H
7 a. 1	BIRTHPLACE (ST FOREIGN COUNTRY)	ATE OR	76. CITIZEN OF WHA	AT COUNTRY?		NEVER MARRIED DIVORCED	9. BALTIMOR ALL	egany	
	umberlar	OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital, 176. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING (IFE) None, Student					ION (TYPE OF WORK	176. KIND OF BUSINESS OR INDUSTRY None
	STATE aryland	15 IN NURSING HOME COUNTY	ROTHER INSTITUTION, GIVE			E CITY LIMITS? 13e	STREET ADDRESS	eash Vall	Ley Rd.
4.1	FATHER'S NAME FIRST James		MIDDLE	wolfe		HER'S MAIDEN N. FIRST		E	Lewis
160.		DEVER IN U.S. AR/	WED FORCES? WAR OR DATES)	218-84-3		James We		# 1 Box	21502 M 130, LaVal
>	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: SEPSIS, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which INFECTED CAVAL VENTRICULAR SHUNT,								APPROXIMATE INTERV. BETWEEN ONSET AND DE
	gave ris cause (a) lying cau	gove rise to immediate (b). Couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)							
IFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In								20 AUTOPSY?
TIFIC									YES NO
ICAL CERT		NG CAUSE OF	OF DEATH 12:20 Aug. 12:081 Motorcycle - Automobile accident,						
UNDERLYING CAUSE OF DEATH 12,24 Aug. 12,1981 Motorcycle - Automobile accident, contributing coursed WHILE NOT WHILE AT WORK STREET FACTORY, FARM, ETC.) STREET FACTORY, FARM, ETC.) STREET Rt. # 36 Nr. Contriganville, and work at work at work at work at work.									ounAllegany N
	27a Certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inspection , Inquiry , and in my apideath resulted from: Natural causes , Accident								apinian
7	SIGNATURE Y COV MONTACY DEPUTY, MEDICAL EXAMINER SIGNED 3/2/82								
12-	EXAMINER'S NAME Giovanni Mastrangelo, M. D. ADDRESS Sacred Heart Hosp. Cumberly 1236 BURIAL CREMATION, REMOVAL 1236. DATE 1236, NAME OF CEMETERY OR CREMATORY 1236 LOCATION								rland, Md.
	Buri	al	3/5/82		Cemetery		Nr. Moore	field, F	lardy Co. W.
	· Wayne		02 Greene	St. Cumbe	rland, Md		D. BY REGISTRAR	PAN REGIST ANS	3 GTYMUTE CO.

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